

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

08 FEB -7 PM 3:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA



12032007 REIN-LLC CR2E101 (1/07)

4. FEI Number
20-1556365

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MELENDEZ, LUIS
3633 26TH AVE NORTH
ST PETE, FL 33713

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LUIS, MENDEZ
3633 26TH AVE NORTH
ST PETE, FL 33713

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600115187966
01/15/08--01029--001 **100.00

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP
600115187966
01/31/08--01038--004 **277.50

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07.08

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

LUIS MENDEZ

Date

Daytime Phone #

01/14/08 727-389-0800

REINSTATEMENT