

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L00000006579**

1. Limited Liability Company's Name

FCD, L.L.C.

2. Principal Office Address

3865 SW 169 TERRACE

Suite, Apt. #, etc.

3. Mailing Office Address

3865 SW 169 TERRACE

Suite, Apt. #, etc.

City & State

MIRAMAR, FL.

Zip

33027

Country

BROWARD

City & State

MIRAMAR, FL.

Zip

33027

Country

BROWARD

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified

To Do Business in Florida

JUNE 7 / 2,000

6. FEI Number

65-1014808

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

**\$5.00 Additional Fee required
for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name

EDISON FERNANDO ORTIZ

100004707051--0

Street Address (P.O. Box Number is Not Acceptable)

3865 SW 169 TERRACE

-12/06/01--01003--020

Suite, Apt. #, Etc.

******155.00 ****155.00**

City

MIRAMAR

State

FL

Zip Code

33027

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Fernando Ortiz

REGISTERED AGENT MUST SIGN

Date **11-14-2001**

10. Names and Street Addresses of Managing Members/Managers

Titles

Name of
Managing Members/Managers

Street Address of Each
Managing Member/Manager

City / State / Zip

MGRM FERNANDO ORTIZ 3865 SW 169 TERRACE MIRAMAR, FL. 33027

REINSTATEMENT

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Fernando Ortiz

Date **11-14-01**

Daytime Phone # **954-3222025**

Typed or printed name of signing Managing Member/Manager

FERNANDO ORTIZ

CR2E041 (9/01)