

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

01 OCT 29 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L-6941

1. Limited Liability Company's Name

CONDESA, LLC

2. Principal Office Address

2645 EXECUTIVE PARK DR.

Suite, Apt. #, etc.

SUITE 106

City & State

WESTON, FL

Zip

33331

Country

US

3. Mailing Office Address

2645 EXECUTIVE PARK DR.

Suite, Apt. #, etc.

SUITE 106

City & State

WESTON, FL

Zip

33331

Country

US

4. State/Country of Formation

FLORIDA, US

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

CONDESA

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

**\$500 Additional Fee required
for a Certificate of Status**

REINSTATEMENT 2001

8. Name and Address of Current Registered Agent

Name

CONDESA, LLC

80000466528-9

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

2645 EXECUTIVE PARK DR.

-11/06/01--01001--008
****155.00 ****155.00

Suite, Apt. #, Etc.

SUITE 106

City

WESTON

State

FL

Zip Code

33331

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

[Signature]
REGISTERED AGENT MUST SIGN

Date OCTOBER 25, 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
<u>PRESIDENT CEO</u>	<u>DAVID NAME</u>	<u>43510 SW 141 AVENUE</u>	<u>DAVIE, FL 33330</u>

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

Date OCTOBER 25, 2001 Daytime Phone # (904) 654-2651

Typed or printed name of signing Managing Member/Manager