

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 MAR -1 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

L00000007606

1. Limited Liability Company's Name

OMEGA MOTORS LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #

3. Mailing Office Address

w dixie hwy p#130 18677

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

miarni florida

Zip

Country

Zip

33180

Country

DADE

4. State/Country of Formation

**5. Date Organized or Qualified
To Do Business in Florida**

6. FEI Number

651020325

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

CHAZUT OFIR

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

NE 186 ST 165

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code

33179

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

REGISTERED AGENT MUST SIGN

Date

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	OFIR CHAZUT	18677 W. DIXIE HWY	MIAMI FL 33180
MGRM	DELANA RAY MURPHY	1515 NE 125 TERR #206	MIAMI FL 33161
		500091009885	
		03/06/07--01022--006 **150.00	
		REINSTATEMENT	05-07

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

02/07/07

Daytime Phone #

786-663-0002

Typed or printed name of signing Managing Member/Manager

OFIR CHAZUT