

L00000011446

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**FILED**
05 JUL -7 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000011446

1. Limited Liability Company's Name

Svenco LLC

2. Principal Office Address

5541 Pacific Blvd

Suite, Apt. #, etc.

#4102

City & State

Boca Raton

Zip

33433

Country

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

651044352

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

Alicia Jimenez

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

Suite, Apt. #, Etc.

Same As #2

City

State
FL

Zip Code

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

x Alicia Jimenez

Date 07/06/05

REGISTERED AGENT MUST SIGN

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
MGR	Raimundo Jimenez	5541 Pacific Blvd #4102	Boca Raton, FL 33433

REINSTATEMENT

2002-2005

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 07/06/05

Daytime Phone # 561-3926157

Typed or printed name of signing Managing Member/Manager

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TALLAHASSEE, FLORIDA

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

BK

Per instructions from the Division of Corporations, I am attaching a check, in the amount of \$200.00 for the annual report fee with my application.

We did not receive the U.B.R. for the year 2002 thru 2005 or any other notice from the Division of Corporations in respect with the Corporation, **SVENCO, L.L.C.**

Thank you for your courtesy in this matter.



RAIMUNDO JIMENEZ
PRESIDENT