

L00000012558

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 15 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L00000012558**

1. Limited Liability Company's Name

RELLOP DEVELOPMENT CO., L.L.C.

2. Principal Office Address

1840 WEST 49 STREET

Suite, Apt. #, etc.

SUITE 410

City & State

HIALEAH, FL.

Zip

33012

Country

USA

3. Mailing Office Address

1840 WEST 49 STREET

Suite, Apt. #, etc.

SUITE 410

City & State

HIALEAH, FL.

Zip

33012

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

10/17/2000

6. FEI Number

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

PAUL H. FREEMAN

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

1840 WEST 49 STREET

Suite, Apt. #, Etc.

SUITE 410

City

HIALEAH

State

FL

Zip Code

33012

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

Paul H. Freeman

Date

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
MGRM	BRADLEY S. WEISS	1840 WEST 49 STREET, #410	HIALEAH, FL 33012

REINSTATEMENT

02-03 CUS
dcc

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

Bradley S. Weiss

Date **10/13/03**

Daytime Phone # **305-828-3888**

Typed or printed name of signing Managing Member/Manager

BRADLEY S. WEISS

CR2E041 (10/02)