## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State **DIVISION OF CORPORATIONS** 

## 1. DOCUMENT # L00000013097

Name and Mailing Address

FILED 2005 APR 28 PM 2: 40

SECRETARY OF STATE TALLAHASSEE, FLORIDA

0002253 01 FP 0.352 \*\*PRSRT T7 0 0615 33145-351352 lulludhadhdaldadlutdadludhdaladdaldd ULISSE, LLC 2252-SW-22-TERRACE 2.312 SW MIAMI FL 33145-3513



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2. New Mailing Adards & MOVed to temple 2312 SW 25 Err					4. State/Country of Formation  FL		
CITY OM 1 7 33133					5. Date Organized or Qualified To Do Business in Florida 10/25/2000		
Principal Place of Business 3. New Principal			pal Place of Business Address 6. FEI		6. FEI Numbe	ur	Applied For
		1101110 ST007 23125W25Td		Yr. APPLIED FOR		Not Applicable	
MIAMI FL 38145			Orn. State. Zip		7-		
		111) O.m.	1 FL. 33	53133 CERTIFICATE OF STATUS DESIRED NJ for a Certificate of Status			
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent		
205	INO, RALPH G ALCAZAR AVENUE RAL GABLES FL 331:	Zimhorman, 342312 SW.2	5 Terr. 2020 IVU			JULISSO JUL	
	,	Miani FL.3	3133	City	M)	FL	33433
10. 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 Date							
11. Names and Street Addresses of Each Managing Member/Manager							
Title(s)	Name of Managing Members/Managers		Street Address of Each Managing Member/Manager		City / State / Zip		
MGR/	ULISSE, NICOLA M		2628 V	TOMAST	<del>ces</del> t	MIAMI FL ***********************************	3133
			2312 5	W. 257	Terr.	Migne FL 005474516 05-01055-023 **	33133
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				<b>3357</b>		NT 02-05	
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12. 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 $21/5$ $\sqrt{10}$							

Typed or printed name of signing Managing Member/Manager

Managing Member/Manager Date Daytime Phone # 1000 Daytime Phone # 1000