

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG 18 AM 10:48

DOCUMENT # LC00000016131

1. Limited Liability Company's Name

SouthWest L.L.C.

2. Principal Office Address

503 79th St.

Suite, Apt. #, etc.

7

City & State

Miami Beach FL

Zip

33141

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

USA

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

1/25/01

6. FEI Number

65-1060363

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

Robert ONello

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

503 79th St

Suite, Apt. #, Etc.

7

City

Miami Beach

State

FL

Zip Code

33141

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

Robert ONello

Date

8/16/05

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	Robert ONello	503 79th St #7	MB, FL 33141
MGR	Robert ONello SR.	194 Scenic Lake Rd	Sussex NJ. 07470
MGR	Anthony Grasso	5208 C.W.M. Ibra St.	Sarasota FL, 34231
MGR	Gordon Lindsey	2249 Falkirk Ct. Finksburg	MD 21048-1578
MGR	FRONNE ONello	4532 Patnell Dr.	Sarasota FL 34232
		600058779686 08/18/05--01037--004 **250.00	

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

Robert ONello

Date

8/16/05

Daytime Phone#

786-380-5554

Typed or printed name of signing Managing Member/Manager

Robert ONello

CR2E041 (10/02)