

LO1000005355

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

04 NOV -4 AM 10: 51

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DOCUMENT # **LO1000005355**

1. Limited Liability Company's Name
17851 nw 78th Avenue, LLC.

2. Principal Office Address
17040 SW 48th St.

Suite, Apt. #, etc.

City & State
DAVIE, FL

Zip, Country
33331 US

3. Mailing Office Address
17040 SW 48th St.

Suite, Apt. #, etc.

City & State
DAVIE, FL

Zip, Country
33331 U.S.

4. State/Country of Formation
FL/US

5. Date Organized or Qualified
To Do Business in Florida **4/6/2001**

6. FEI Number
55-8813587
755-0813587
CERTIFICATE OF STATUS DESIRED ☒ \$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name **Fernando A. Perez**
Street Address (P.O. Box Number is Not Acceptable)
5015 SW 195th Terrace
Suite, Apt. #, Etc.
City **DAVIE** State **FL** Zip Code **33332**

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 **[Signature]** Date **10-26-04**
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
MEM	FERNANDO A. PEREZ	5015 SW 195 th TERR	DAVIE FL 33332
MEM	REINALDO F. PEREZ	17040 SW 48 th ST	SOUTHWEST DAVIES FL 33331

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 **[Signature]** Date **3/20/04** Daytime Phone # **305-308-9520**
Typed or printed name of signing Managing Member/Manager **F. PEREZ**

CR2E041 (10/02)