

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

L01000006095

FILED

1. DOCUMENT # L01000006095

Name and Mailing Address

0001755 01 FP 0.352 **PRSRT T6 0 0615 33126-204152
NEEDS TECHNOLOGIES, L.C.
815 N.W. 57TH AVE., STE. 202
MIAMI FL 33126-2041

02 DEC 12 AM 10:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. New Mailing Address

City, State, Zip

Principal Place of Business

815 N.W. 57TH AVE., STE. 202
MIAMI FL 33126

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

04/19/2001

6. FEI Number

065-1112252

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

BENDER, HARRY K
BENDER, BENDER & CHANDLER, P.A.
5915 PONCE DE LEON BLVD., STE. 60
CORAL GABLES FL 33146

9. Name and Address of New Registered Agent

Name

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

City

400009490384
12/12/02-01003-000 **150.00
FL Zip Code

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

REGISTERED AGENT MUST SIGN

Date

11/15/02

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	VELOCCI, RALPH	815 N.W. 57TH AVE., STE. 202	MIAMI FL 33126

REINSTATEMENT 2002

Bp

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
Managing Member/Manager

Date

11/11/02

Daytime Phone #

(305) 264-9833