

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 NOV 12 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name
L01000011876

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 5450 Flavor Pict Road		3. Mailing Office Address 10932 Gleneagles Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Boynton Beach, FL		City & State Boynton Beach, FL	
Zip 33436	Country USA	Zip 33436	Country USA

4. State/Country of Formation FLORIDA, USA	
5. Date Organized or Qualified To Do Business in Florida 7/20/01	
6. FEI Number 65-1151606	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name Mark A. Perry, Esq		
Street Address (P.O. Box Number is Not Acceptable) 50 SE 4th Avenue		
Suite, Apt. #, Etc.		
City Delray Beach	State FL	Zip Code 33483

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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date **11/14/14**

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGRM	Joyce D. Haley	10932 Gleneagles Road	Boynton Beach, FL 33436

11. E-mail Address:

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

[Signature]

Date **11/10/14**

Daytime Phone # **561-602-1172**

Typed or printed name of signing Authorized Representative/Manager **JOYCE D. HALEY**

89 11/13/14