

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

06 JUN 16 AM 9:40

DOCUMENT # L01000016453

1. Limited Liability Company's Name

Vesting Enterprises, L.L.C.

CR2E041 (8/05)

2. Principal Office Address

3430 NW 197th Street

3. Mailing Office Address

18520 NW 67th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Mailbox 367

City & State

Opa Locka, Florida

City & State

Miami, FL 33015

Zip

33056

Country

USA

Zip

33015

Country

USA

State/Country of Formation

Florida/USA

5. Date Organized or Qualified  
To Do Business in Florida

9/21/01

6. FEI Number  
04-3673107

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

Bruce F. Iden, Esquire, Milledge & Iden

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

3240 Corporate Way

Suite, Apt. #, Etc.

City

Miramar

State  
FL

Zip Code  
33025

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

REGISTERED AGENT MUST SIGN

Date

6/7/06

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
MGRM	Albert A. Miller	3430 NW 197th Street	Opa Locka, FL 33056

REINSTATEMENT 03-06

11. I certify that I am managing member/manager of 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

6-7-06

Daytime Phone #

305 481 0353

Typed or printed name of signing Managing Member/Manager

Albert A. Miller