

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED


09 AUG 19 PM 5:23

SECRETARY OF STATE
TALLAHASSEE FLORIDA

500158885015
07/24/09--01046--002 **105.00

CR2ED41 (10/08)

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # *L D10000 17137*

1. Limited Liability Company's Name

EFCO AWARDS, LLC

WD9-34550

2. Principal Office Address - No P.O. Box # 4800 NW 167 ST.		3. Mailing Office Address SAME	
Suite, Apt. #, etc. MIAMI GARDENS		Suite, Apt. #, etc.	
City & State MIAMI GARDENS		City & State SAME	
Zip 33014	Country FLA	Zip SAME	Country FLA

4. State/Country of Formation	FLA.	
5. Date Organized or Qualified To Do Business in Florida	10/03/2001	
6. FEI Number	05-1147601	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	\$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	
Name FROELICH, LESLIE, J	
Street Address (P.O. Box Number is Not Acceptable) 4800 NW 167 ST	
Suite, Apt. #, Etc.	
City MIAMI GARDENS	State FL
	Zip Code 33014

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.


9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 60B, F.S.

Signature of Registered Agent Leslie Froelich Date 7/20/09

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	FROELICH LESLIE J.	1815 NE 31 CT. APT. 904	AVENTURA FL 33160
MGR	FROELICH ABRAHAM J.	1815 NE 31 CT APT 904	AVENTURA FL 33160
	L. SELLERS		
	AUG 21 2009		500158885015 08/14/09--01006--001 **411.2
	AMINER		
		REINSTATEMENT	0709

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  Date 7/20/09 Daytime Phone # 305-674-5133

Typed or printed name of signing Managing Member/Manager _____