

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 JUN 12 P 4: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

DOCUMENT # L02000002554

1. Limited Liability Company's Name

DIREC 4 U Orlando, LLC

2. Principal Office Address - No P.O. Box #

5036 Dr. Phillips Dr

Suite, Apt. #, etc.

SUITE 126

City & State

Orlando, Florida

Zip

32819

Country

USA

3. Mailing Office Address

5036 Dr. Phillips Dr

Suite, Apt. #, etc.

SUITE 126

City & State

Orlando, Florida

Zip

32819

Country

USA

4. State/Country of Formation

**5. Date Organized or Qualified
To Do Business in Florida**

6. FEI Number

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 **Isidro TELES**

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

5036 Dr. Phillips Dr

Suite, Apt. #, Etc.

SUITE 126

City

Orlando

State

FL

Zip Code

32819

☒ 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 608, F.S.

Signature of
Registered Agent

I Teles

REGISTERED AGENT MUST SIGN

Date **05/20/08**

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
MGR	HUGO BOGANI	19501 NE 10TH AVE SUITE 205	Miami, FL 33179
MGR	Isidro TELES	5036 Dr. Phillips Dr SUITE 126	Orlando, FL 32819

REINSTATEMENT 06-08
[Signature]

100130430791
05/20/08--01022--010 **416.25

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

H Bogani

Date **05/20/08**

Daytime Phone # **(305) 6065563**

Typed or printed name of signing Managing Member/Manager