

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

FILED

03 OCT 24 PM 1:55

1. DOCUMENT # L02000003009

Name and Mailing Address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0012638 01 AT 0.292 **AUTO T6 0 0615 33462-612236



LIBRA INDUSTRIES "LLC"
7936 LOOMIS ST
LANTANA FL 33462-6122



2. New Mailing Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

02/07/2002

Principal Place of Business

7936 LOOMIS ST
LANTANA FL 33462

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

#90-000-3720

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

DECOSTA, JACK
7936 LOOMIS ST
LANTANA FL 33462

9. Name and Address of New Registered Agent

Name

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

City

900024059359

10/24/03--01012--006 ***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

[Signature]
SIGNATURE REQUIRED

Date 10-16-03

REGISTERED AGENT MUST SIGN

11. Names and Street Address of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Pres.	JACK DA COSTA	7936 Loomis st.	LANTANA, FL 33462

REINSTATEMENT

03
OR

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

[Signature]
SIGNATURE REQUIRED

Date 10-16-03 Daytime Phone # 561-582-8626

Typed or printed name of signing Managing Member/Manager