

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

L02000008093

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 10 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

Polk Estates, LLC

9/26/03

BK

2. Principal Office Address

13066 SW 21 ST

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

MIRAMOR, FL

City & State

Zip

33027

Country

USA

Zip

Country

4. State/Country of Formation

FL, USA

5. Date Organized or Qualified
To Do Business in Florida

7/14/02

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

CRISTHIAN CREVOISIER

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

13066 SW 21 ST

Suite, Apt. #, Etc.

700030486457

03/15/04--01068--012 ***05.00

City

MIRAMOR

State

FL

Zip Code

33027

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

CRISTHIAN D. CREVOISIER

Date

3/9/04

REGISTERED AGENT MUST SIGN

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
MAN	CRISTHIAN CREVOISIER	13066 SW 21ST, MIRAMOR, FL	33027

REINSTATEMENT 2003-2004

BK

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

CRISTHIAN D. CREVOISIER

Date

3/9/04

Daytime Phone #

90957-779-1661

Typed or printed name of signing Managing Member/Manager

CRISTHIAN CREVOISIER

CR20041 (10/02)