

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 NOV 30 AM 9:12

DOCUMENT # L02000009494

1. Limited Liability Company's Name

MOIZES, LLC

200082099732
11/28/06--01033---002 **305.00

CR2E041 (8/05)

2. Principal Office Address

7436 SPRING VILLAS CIR.

Suite, Apt. #, etc.

3. Mailing Office Address

7436 SPRING VILLAS CIR.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32819

Country

USA

Zip

32819

Country

USA

4. State/Country of Formation
FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

08/01.06

6. FEI Number

04-3657396

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

LUIZ A. MOIZES

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

7436 SPRING VILLAS CIR.

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32819

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 08/01/06

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	LUIZ A. MOIZES	7436 SPRING VILLAS CIR.	ORLANDO, FL 32819
MGRM	ADRIANA MOIZES	7436 SPRING VILLAS CIR.	ORLANDO, FL 32819

REINSTATEMENT 03-06

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 08/01/06

Daytime Phone# 407-902-1338

Typed or printed name of signing Managing Member/Manager LUIZ A. MOIZES