

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

**09 SEP 28 AM 8:45**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L02000009739**

1. Limited Liability Company's Name

Spinning S, L.C.

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

5864 S.W. 76 Street

Suite, Apt. #, etc.

City & State

South Miami

Zip

FL

Country

Miami-Dade

3. Mailing Office Address

5864 S.W. 76 Street

Suite, Apt. #, etc.

City & State

South Miami

Zip

FL

Country

Miami-Dade

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified

To Do Business in Florida 04/24/2002

6. FEI Number

760790545

☐ 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

Jeffrey S. Kramer, Esquire

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

7700 N. Kendall Drive

Suite, Apt. #, Etc.

Suite 509

City

Miami

State

FL

Zip Code

33156

☐ 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

*Jeffrey S. Kramer*

REGISTERED AGENT MUST SIGN

Date

9/24/09

**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	Glenn B. Smith	5864 S.W. 76 Street	South Miami, FL 33143

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**REINSTATEMENT** 07-09

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

*Glenn B. Smith*

Date

9/24/09

Daytime Phone #

305 667 5451

Typed or printed name of signing Managing Member/Manager Glenn B. Smith

N. C. Wilson SEP 29 2009