

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 FEB 29 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700223412527
02/29/12--01030--009 **546.25

CR2E041 (1/11)

DOCUMENT # L020000/0271

1. Limited Liability Company's Name

MOE'S COMPANY, LLC

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

12330 S.W. 96 St.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

Zip

33186

Country

U.S.A

Zip

Country

4. State/Country of Formation

FLORIDA / DADE

5. Date Organized or Qualified
To Do Business in Florida

JAN 2006

6. FEI Number

20-2312967

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

MOE HAKSSA

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

12330 S.W. 96 St.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33186

E-mail Address:

moe@lumoprint.com

(To be used for future annual report notices)

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

[Signature]

Date 2/25/12

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
MGRM	MOE HAKSSA	12330 S.W. 96 St	MIAMI, FL. 33186

REINSTATEMENT 2010-2012

DB

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

[Signature]

Date

2/25/12

Daytime Phone #

305-301-5555

Typed or printed name of signing Managing Member/Manager