PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUN 30 AM 9:50

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (8/05)

DOCUMENT # L02000010787

1. Limited Liability Company's Name
Omni Enterprises LLC

2. Principal Office Address	3. Mailing Office Address
5151 West Okland Park Blvd.	5151 West Okland Park Blvd.
Suite, Apt. #, etc.: Ste 109	Suite, Apt. #, etc.: Ste 109
City & State: Lauderdale Lakes FL	City & State: Lauderdale Lakes FL
Zip: 33313 Country:	Zip: 33313 Country:

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 5/6/02

6. FEI Number: 04-3664314 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑ $5.00 Additional fee required for certified copy

8. Name and Address of Current Registered Agent

Name: Kathleen Pravato

Street Address (P.O. Box Number is Not Acceptable): 5151 West Okland Park Blvd.

Suite, Apt. #, Etc.: Ste 109

City: Lauderdale Lakes State: FL Zip Code: 33313

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: Kathleen M Pravato Date: 6-28-06
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
MGR	Kathleen Pravato	5151 West Okland Park Blvd	Lauderdale Lakes FL 33313
			800071161399 07/07/06--01053--022 **255.00
		REINSTATEMENT	04-06

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: Kathleen M Pravato Date: 6/28/06 Daytime Phone #: 786-945-2952

Typed or printed name of signing Managing Member/Manager: Kathleen Pravato

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