

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
08 JUL -9 PH 12:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # LD2000010787

1. Limited Liability Company's Name

OMNI ENTERPRISES LLC

CR2E041 (12/07)

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

2803 VICTORIA WAY

Suite, Apt. #, etc.

APT L2

City & State

COCONUT CREEK FL

Zip

33066

Country

3. Mailing Office Address

2803 VICTORIA WAY

Suite, Apt. #, etc.

APT L2

City & State

COCONUT CREEK FL

Zip

33066

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

5/06/2002

6. FEI Number

04-3664314

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

KATHLEEN PRAVATO

176-017

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

2803 VICTORIA WAY

Suite, Apt. #, Etc.

APT L2

City

COCONUT CREEK FL

State

FL

Zip Code

33066

~~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

Date

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
<u>176-017</u>	KATHLEEN PRAVATO	2803 VICTORIA WAY APT L2	COCONUT CREEK FL 33066
			600130189106 05/23/08--01036--010 **50.00
			600130189106 07/15/08--01009--011 **88.75

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 Pravato

Date 5/01/2008

Daytime Phone # 718 948-2952

Typed or printed name of signing Managing Member/Manager

KATHLEEN PRAVATO