

04-06

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 FEB -8 AM 10:55

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000012963

1. Limited Liability Company's Name

Tucker Enterprises, L.L.C.

2. Principal Office Address

2853 Executive Park Dr / Same

Suite, Apt. #, etc.

105

City & State

Weston, FL

Zip

33331

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Same

City & State

Same

Zip

33331

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

05/28/2002

6. FEI Number

45-0483107

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

Orlando J. Silva

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

2853 Executive Park Dr

Suite, Apt. #, Etc.

Suite 105

City

Weston

State

FL

Zip Code

33331

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

1/12/06

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
MGRH	Tucker, Jan	2853 Executive Park Dr Suite 105	Weston, FL 33331
MGRH	Tucker, Nancy	2853 Executive Park Dr Suite 105	Weston, FL 33331

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

Date

1/12/06

Daytime Phone #

(954) 349-3399

Typed or printed name of signing Managing Member/Manager

Jan Tucker