

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

9-26-07  
350.00

FILED

2007 MAR 23 AM 9:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (8/05)

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L02000012984**

1. Limited Liability Company's Name

**Heavenly Touch Delivery Services, LLC**

2. Principal Office Address

**Heavenly Touch Delivery Serv.**

Suite, Apt. #, etc.

**5301 Cranford Ave. #4**

City & State

**Fort Myers FL**

Zip

**33916**

Country

**LEC**

3. Mailing Office Address

**Heavenly Touch Delivery Serv.**

Suite, Apt. #, etc.

**P.O. Box 907**

City & State

**Fort Myers FL**

Zip

**33902**

Country

**LEC**

4. State/Country of Formation

**FL. Lec**

5. Date Organized or Qualified  
to Do Business in Florida

6. FEI Number

☒ 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

**Terrence Monroe**

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

**2301 Cranford Ave**

Suite, Apt. #, Etc.

**#4**

City

**Fort Myers**

State

**FL**

Zip Code

**33916**

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

**Terrence Monroe**

REGISTERED AGENT MUST SIGN

Date **2-13-07**

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
owner	Terrence D. Monroe	2301 Cranford Ave #4	Fort Myers FL 33916
			700095254487 03/28/07--01060--002 **350.00

REINSTATEMENT 03-07

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

**Terrence Monroe**

Date **2-13-07**

Daytime Phone # **239-332-7662**

Typed or printed name of signing Managing Member/Manager

**Terrence Monroe**

Cell **339-297-3375**