

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

300.00  
9-26-03

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JUL 21 AM 11:48

DOCUMENT # L020000 18278

1. Limited Liability Company's Name

Computer Troubleshooter  
of N. Miami, LLC

2. Principal Office Address

16208 LAUREL DR

Suite, Apt. #, etc.

202

City & State

WESTON FL

Zip

33326 BROWARD

3. Mailing Office Address

16208 LAUREL DR

Suite, Apt. #, etc.

202

City & State

WESTON FL

Zip

33326 BROWARD

4. State/Country of Formation

FLORIDA / BROWARD

5. Date Organized or Qualified  
To Do Business in Florida

JULY 19, 2002

6. FEI Number

52-2367440

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

Rony CARTRIGHT

Street Address (PO Box Number is Not Acceptable)

16208 LAUREL DR

Suite, Apt. #, Etc.

202

City

WESTON

State

FL

Zip Code

33326

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

Rony Cartwright

REGISTERED AGENT MUST SIGN

Date JULY 10, 2006

10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| MEM    | Rony CARTRIGHT                       | 16208 LAUREL DR #202                              | WESTON FL, 33326   |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

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REINSTATEMENT 03-06

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

Rony Cartwright

Date

7/10/06

Daytime Phone #

954 650 5488

Typed or printed name of signing Managing Member/Manager

Rony CARTRIGHT

CR20041 (9/01)