


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 NOV 12 P 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 202000019506

1. Limited Liability Company's Name

Legall Realty Enterprises, LLC

2. Principal Office Address

7471 N.W. 35th Ct

Suite, Apt. #, etc.

3. Mailing Office Address

116-34 Marden St

Suite, Apt. #, etc.

City & State

Lauderhill, FL

Zip

33319 USA

City & State

Jamaica, N.Y.

Zip

11434 USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business In Florida

7/2003

6. FEI Number

010739171

Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

Fee required
Certificate of Status

8. Name and Address of Current Registered Agent

Name

Ann Marie Legall

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

7471 NW 35th Ct

Suite, Apt. #, Etc.

City

Lauderhill

State

FL

Zip Code

33319

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

Ann Marie Legall

REGISTERED AGENT MUST SIGN

Date

10/4/04

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>Ms.</u>	<u>Ann Marie Legall</u>	<u>7471 N.W. 35th Ct</u>	<u>Lauderhill, FL 33319</u>

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

Ann Marie Legall

Date

10/4/04

Daytime Phone #

212 844 9767

Typed or printed name of signing Managing Member/Manager

Ann Marie Legall

CR2E041 (10/02)