

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L02000020658

1. Limited Liability Company's Name

VANESS HOLDINGS LLC

600061605886
11/22/05--01005--016 **450.00

CR2E041 (8/05)

2. Principal Office Address

2374 WALNUT HEIGHTS ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

2374 WALNUT HEIGHTS ROAD

Suite, Apt. #, etc.

City & State

APOPKA, FL

Zip
32703

Country
USA

City & State

APOPKA, FL

Zip
32703

Country
USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

AUGUST 13, 2002

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

AUGUST C MAYORGA

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

200 North Denning Drive

Suite, Apt. #, Etc.

Suite 5

City

Winter Park

State

FL

Zip Code

32789-3736

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
MGRM	MICHAEL W. MANESS/MGRM	2374 WALNUT HEIGHTS ROAD	APOPKA, FL 32703
MGR	GENE CASTLEBERG/MGR	2374 WALNUT HEIGHTS ROAD	APOPKA, FL 32703

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

Michael Maness

Date

11/18/05

Daytime Phone #

407 256 8828

Typed or printed name of signing Managing Member/Manager

MICHAEL W. MANESS/MGRM