

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 SEP 20 P 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800041256728
09/22/04--01034--001 **255.00

DOCUMENT # **L02000020809**

1. Limited Liability Company's Name

MAXI'S, LLC

2. Principal Office Address

6901 Cypress Road

Suite, Apt. #, etc.

B-12

City & State

Plantation, FL

Zip

33317

Country

USA

3. Mailing Office Address

-same-

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

2002, 8/14

6. FEI Number

11-3655927

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

Maria E. Nolasco

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

6901 Cypress Road

Suite, Apt. #, Etc.

B-12

City

Plantation

State

FL

Zip Code

33317

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

Maria E. Nolasco

Date

September 19, 2004

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
MGR	Maximina E. Nolasco	6901 Cypress Road, B-12	Plantation, FL 33317
MGRM	Maria E. Nolasco	6901 Cypress Road, B-12	Plantation, FL 33317

REINSTATEMENT

03-04
dec

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

Maria E. Nolasco

Date

09/19/2004

Daytime Phone #

(954) 581-3210

Typed or printed name of signing Managing Member/Manager

Maria E. Nolasco

CR2E041 (10/02)