

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 NOV 27 PM 3:07

DOCUMENT # L02000022634

1. Limited Liability Company's Name

END SOLUTIONS, LTD. CO

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #

318 INDIAN TRACE

Suite, Apt. #, etc.

639

3. Mailing Office Address

318 INDIAN TRACE

Suite, Apt. #, etc.

639

City & State

WESTON, FL

City & State

WESTON, FL

Zip

33326

Country

USA

Zip

33326

Country

USA

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

52-2373596

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
ERICK ESTRADA

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

318 INDIAN TRACE

Suite, Apt. #, Etc.

639

City

WESTON

State

FL

Zip Code

33326

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

REGISTERED AGENT MUST SIGN

Date 11/23/07

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
MGR	ERICK ESTRADA	318 INDIAN TRACE	WESTON, FL 33326

REINSTATEMENT 2003-2007

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

Date 11/12/07

Daytime Phone # 786 6240700

Typed or printed name of signing Managing Member/Manager ERICK ESTRADA