

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FULL
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 AUG 30 AM 8:04

DOCUMENT # L02000023237

1. Limited Liability Company's Name

F & L Property Management LLC

000040646480
08/30/04--01081--001 **200.00

2. Principal Office Address

3120 SW 144 Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 653223

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33175

Country

USA

Zip

33265

Country

USA

4. State/Country of Formation

Florida USA

**5. Date Organized or Qualified
To Do Business in Florida**

9/09/02

6. FEI Number

01-0742899

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

Johnny G Farias

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

3120 SW 144 Avenue

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33175

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 8/25/04

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	JOHNNY G FARIAS	3120 SW 144 AVENUE	MIAMI FL 33175
MGRM	DENNIS R LANSBERRY JR.	8348 CRESTVIEW ROAD	HERNENDO MS 38632
MGRM	JEANINE V FARIAS	377 RIDGEWOOD AVENUE	BROOKLYN NY 11208
MGRM	BOBBI J FARIAS	3120 SW 144 AVENUE	MIAMI FL 33175

REINSTATEMENT

03-04

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 8/25/04

Daytime Phone # 786-286-7815

Typed or printed name of signing Managing Member/Manager

JOHNNY G FARIAS

CR2EM1 (10/02)