

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

06 DEC -7 AM 8:12

DOCUMENT # L02000023471

1. Limited Liability Company's Name

Equity Energy Enterprises, LLC

2. Principal Office Address

1432 SW 12 Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip  
33135

Country  
USA

3. Mailing Office Address

1432 SW 12 Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip  
33135

Country  
USA

4. State/Country of Formation

Florida/ USA

5. Date Organized or Qualified  
To Do Business in Florida

09/10/2002

6. FEI Number

470887429

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

CR2E041 (8/05)

**8. Name and Address of Current Registered Agent**

Name

John T. Prah

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

2801 Ponce de Leon Blvd.

Suite, Apt. #, Etc.

Suite 1155

City

Coral Gables

State

FL

Zip Code

33134

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

*John T. Prah*

REGISTERED AGENT MUST SIGN

Date 12/13/06

**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	Jorge Cano	1432 SW 12 Street	Miami, FL 33135
MGR	John MacDonald	17517 South 169th East Ave.	Bixby, Oklahoma 74008

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

*Jorge Cano*

Date 11/04/06 Daytime Phone# 305.812.2021

Typed or printed name of signing Managing Member/Manager Jorge Cano