

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 MAY 19 AM 10:20

DOCUMENT # L02000029626

1. Limited Liability Company's Name

Perfect One, LLC.

2. Principal Office Address

12323 SW 55 Street

Suite, Apt. #, etc.

Suite # 1007

City & State

Cooper City, Florida

Zip

33330

Country

USA

3. Mailing Office Address

12323 SW 55 Street

Suite, Apt. #, etc.

Suite # 1007

City & State

Cooper City, Florida

Zip

33330

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified
To Do Business in Florida

November 6, 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

Rene Diaz

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

2 Alhambra Plaza,

Suite, Apt. #, Etc.

860

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

REGISTERED AGENT MUST SIGN

Date

5/5/06

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
<u>MEM</u>	<u>Alexander Fernandez</u>	<u>12323 SW 55 St, Suite 100</u>	<u>Cooper City / FL / 33330</u>

20007521212
05/05/06--01005--025 **300.00

REINSTATEMENT 03-06

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

5/5/06

Daytime Phone #

954-252-1488

Typed or printed name of signing Managing Member/Manager

Alexander Fernandez