

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 10 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

L02000032732

1. Limited Liability Company's Name

My Ownings LLC

2. Principal Office Address

11535 S.W. 152 COURT

Suite, Apt. #, etc.

3. Mailing Office Address

11535 S.W. 152 COURT

Suite, Apt. #, etc.

4. State/Country of Formation

FL, USA

5. Date Organized or Qualified  
To Do Business in Florida

12-06-02

6. FEI Number

412073938

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

Keith Singer

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

100 SE 3rd Avenue

Suite, Apt. #, Etc.

Suite # 1500

City

Ft. Lauderdale

State

FL

Zip Code

33394

400023713974

10/10/03--01080--004 \*\*15.00

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

X *[Signature]*

REGISTERED AGENT MUST SIGN

Date

X 10/7/03

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	Yahoska Bermudez	11535 SW 152 COURT	Miami, FL 33196
MGR	Mara Bermudez	1330 West Avenue Apt #809	Miami, FL 33196

REINSTATEMENT

03

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

Yahoska Bermudez

Date

10-03-03

Daytime Phone

(786) 251-1585

Typed or printed name of signing Managing Member/Manager

Yahoska Bermudez

CR20041 (10/02)