

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 DEC 28 AM 10:57

DOCUMENT # L03000002927

1. Limited Liability Company's Name

Tikina Management LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
4007 N Cypress Dr

3. Mailing Office Address
4007 N Cypress Dr

Suite, Apt. #, etc.

107

Suite, Apt. #, etc.

107

City & State

Pompano Beach

City & State

Pompano Beach

Zip
FL

Country
33069

Zip
FL

Country
33069

4. State/Country of Formation
Florida / USA

5. Date Organized or Qualified
To Do Business in Florida **01/24/2003**

6. FEI Number
134237487

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
Luis M Villa

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

4007 N Cypress Drive

Suite, Apt. #, Etc.

107

City
Pompano Beach

State
FL

Zip Code
33069

☐ 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 **11/29/07**

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	Luis M Villa	4007 N. Cypress Dr. #107	Pompano Beach FL 33069
MGRM	Natacha Gallez	4007 N. Cypress Dr. #107	Pompano Beach FL 33069
			500111993665
			11/05/07 - 01027-001 \$255.00
			REINSTATEMENT 2005-2007

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 **11/29/07** Daytime Phone # **954-907-6467**

Typed or printed name of signing Managing Member/Manager **Luis M Villa**



HUTNER & ASSOCIATES
PLLC

201 Alhambra Circle, Suite 502

Coral Gables, Florida 33134

Phone (305) 442-2558

Fax (305) ~~442-9882~~

442-1655

December 14, 2007

Division of Corporation
Registration Section
PO Box 6327
Tallahassee, Florida 32314

Re: REINSTATEMENT - TIKINA MANAGEMENT LLC

Dear Sir/Madam:

Enclosed please find corrected Reinstatement form for Tikina Management LLC, Document L03000002927, which was returned for correction, you are holding the sum of \$255.00 until corrections were made.

Thank you

Maria Figueredo