

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 MAY 26 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000013488

1. Limited Liability Company's Name

Our Colorado house LLC

2. Principal Office Address - No P.O. Box #

1700 Prestige Dr.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Royal Palm Bch Fl

City & State

Zip 33411

Country

P.B.C.

Zip

Country

4. State/Country of Formation

FL. P.B.C.

5. Date Organized or Qualified
To Do Business in Florida

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

Rick Sathia

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

9430 Argent Trl

Suite, Apt. #, Etc.

City

West Palm Bch

State

FL

Zip Code

33411

☒ 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

[Signature]

Date 5-20-10

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
<u>mg</u>	<u>Charles Pero</u>	<u>8983 Okeechobee blvd #202</u>	<u>W.P.B Fl. 33411</u>
<u>mg</u>	<u>Rick-sathia</u>	<u>9430 argent Trl</u>	<u>W.P.B Fl, 33411</u>
<u>Worm</u>	<u>Ryan Sathia</u>	<u>5391 S.W. Windward Way</u>	<u>Palm city Fl 34990</u>

REINSTATEMENT 07-10 AL

11. E-mail Address: ryan.sathia@att.net

(To be used for future annual report notifications)

12. 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

[Signature]

Date 5/20/10

Daytime Phone # 561-301-9092

Typed or printed name of signing Managing Member/Manager Ryan Sathia