

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2007 DEC 12 P 4: 32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **203-17669**

1. Limited Liability Company's Name

**121 East First Street**

CR2E041 (1/07)

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

**9888 Montclair Circle**

Suite, Apt. #, etc.

3. Mailing Office Address

**Same**

Suite, Apt. #, etc.

City & State

**Apopka, FL**

City & State

Zip

**32703**

Country

**USA**

Zip

Country

4. State/Country of Formation

**Florida**

5. Date Organized or Qualified To Do Business in Florida

**5/15/03**

6. FEI Number

**20-0059635**

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 **Maurizio Leon**

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

**9888 Montclair Circle**

Suite, Apt. #, Etc.

City **Apopka**

State **FL**

Zip Code **32703**

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
<b>MEM</b>	<b>Maurizio Leon</b>	<b>9888 Montclair Cir.</b>	<b>Apopka, FL 32703</b>

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**REINSTATEMENT 06-07**

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# **407 758 1814**

Typed or printed name of signing Managing Member/Manager

**Maurizio Leon**