

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

150-w
9-16-05

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 16, 2007 8:00 A.M.
Secretary of State

DOCUMENT # L03000020576

1. Limited Liability Company's Name

CUBICO3, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
6260 SW 21 St

3. Mailing Office Address
6260 SW 21 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Plantation

City & State

Plantation

Zip **33317**

Country **US**

Zip **33317**

Country **US**

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

06/06/2003

6. FEI Number

731671668

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
Robin Romero

Street Address (P.O. Box Number is Not Acceptable)
6260 SW 21 St

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33317

☒ 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 for the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

RR

REGISTERED AGENT MUST SIGN

Date **01/31/07**

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
MEM	Robin Romero	6260 SW 21 St	Plantation FL 33317
			600088881036
			02/21/07--01017--004 **155.00
			REINSTATEMENT 05-07

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

RR

Date **01/31/07**

Daytime Phone # **954 850 8566**

Typed or printed name of signing Managing Member/Manager **Robin Romero**