

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 NOV -6 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000021891

1. Limited Liability Company's Name

MIDDLE EAST SHORE SUPPLY LLC
7955 NW 12 STREET SUITE 400
MIAMI, FL 33126

05

BKL

CR2E041 (8/05)

2. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

7955 NW 12 STREET

Suite, Apt. #, etc.

SUITE 400

City & State

MIAMI, FL 33126

Zip

33126

Country

DADE

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified
To Do Business in Florida 06-17-2003

6. FEI Number
72-1566635

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

MARIA GRACIA JACOME

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

7955 NW 12 STREET

Suite, Apt. #, Etc.

SUITE 400

City

MIAMI, FL

State

FL

Zip Code

33126

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

11/1/06

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
MNGR	MARIA GRACIA JACOME	7955 NW 12 STREET 400	MIAMI, FL 33126
			600081669306 11/08/06--01043--021 **100.00

REINSTATEMENT

2005-2006

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

[Handwritten Signature]

Date

11/1/06

Daytime Phone #

305 470 7504

Typed or printed name of signing Managing Member/Manager

FROM : LAZARUS

FAX NO. : 3052221440

Nov. 06 2006 02:16PM P1

L030000021891

Tax Management Services Corp
7955 NW 12 Street
Suite 400
Miami, FL 33126
Ph: 305-470-7504
Fax: 305-470-7508

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TALLAHASSEE, FLORIDA

Ref: Middle East Shore Supply LLC
Doc. No.: L03000021891
Annual Report

BK

To Whom It May Concern:

Please be advised that the above mentioned corporation did not receive the Annual Reports for year 2005-2006. Please make change of address to: 7955 NW 12 Street Suite 400 Miami, FL 33126.

If you need further information please do not hesitate to contact me.

Thank you:

MG
Maria Gracia Jacobs
Manager