

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

06 OCT 17 AM 9:07

DOCUMENT # 403000024209

1. Limited Liability Company's Name

PLANET TECHNOLOGIES, LLC

2. Principal Office Address

2105 SW 23 ST.

Suite, Apt. #, etc.

City & State

MIAMI-FL.

Zip

33145

Country

3. Mailing Office Address

2105 SW 23 ST

Suite, Apt. #, etc.

City & State

MIAMI-FL.

Zip

33145

Country

CR2E041 (8/05)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

JUNE 30, 2003

6. FEI Number

562396328

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

LEONARDO A. LOPEZ

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

2105 SW 23 ST.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33145

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

LEONARDO LOPEZ  
REGISTERED AGENT MUST SIGN

Date 10/13/06

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
MGR	LEONARDO LOPEZ	2105 SW 23 ST	MIA-FL. 33145
			500080929625 10/17/06--01052--004 **200.00
		REINSTATEMENT	05-06

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

10/13/06

Daytime Phone #

305-962-3515

Typed or printed name of signing Managing Member/Manager