

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2009 DEC 30 PM 3: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000024574

1. Limited Liability Company's Name

SlovTrans Ltd. Co.

800163725858
12/17/09--01037--016 **516.25

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 17901 E. Country Club Dr.		3. Mailing Office Address 1835 E. Hallandale Bch. Bldv.	
Suite, Apt. #, etc. #5306		Suite, Apt. #, etc. #243	
City & State Aventura Florida		City & State Hallandale Beach Florida	
Zip 33180	Country USA	Zip 33009	Country USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number
20-0128810

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 Alenka Satler		
Street Address (P.O. Box Number is Not Acceptable) 17901 E. Country Club Dr.		
Suite, Apt. #, Etc. #5306		
City Aventura	State FL	Zip Code 33180

☐ 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 12/8/2009

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 Mrs.	Alenka Satler	17901 E. Country Club Dr. #5306	Aventura/FL/33180

REINSTATEMENT 07-09 AL

11. E-mail Address. alenka.satler@gmail.com

(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

Date 12/8/2009

Daytime Phone # 9542969690

Typed or printed name of signing Managing Member/Manager Alenka Satler