

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000028116

1. Limited Liability Company's Name

DISCOUNT CASKET OUTLET LLC

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

6214 S.W. 8TH ST

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33144

Country

USA

3. Mailing Office Address

6214 S.W. 8TH ST

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33144

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida 07/25/2003

6. FEI Number

20-0937037

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

HILBERT E. MOHABIR

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

6214 S.W. 8TH ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33144

☒ 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

See below

Date 09/15/2009

REGISTERED AGENT MUST SIGN

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
MGRM	HILBERT E. MOHABIR	6214 S.W. 8TH ST	MIAMI, FLORIDA 33144

REINSTATEMENT 2006-09

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**

Hilbert E. Mohabir

Date 09/15/2009

Daytime Phone # 305-263-7378

Typed or printed name of signing Managing Member/Manager

HILBERT E. MOHABIR

FILED

09 SEP 24 AM 11:48

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

800161004248

09/24/09--01037--007 **560.00

CR2E041 (10/08)

JB