

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 APR 23 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000032251

1. Limited Liability Company's Name

5 Star Valet, L.L.C.

300125141023
04/23/08--01002--001 **133.75

CR2E041 (12/07)

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

325 Lakepointe Dr.

Suite, Apt. #, etc.

#201

City & State

Altamonte Springs, FL

Zip

32701

Country

USA

3. Mailing Office Address

325 Lakepointe Dr.

Suite, Apt. #, etc.

#201

City & State

Altamonte Springs, FL

Zip

32701

Country

USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified
To Do Business in Florida

08/25/2003

6. FEI Number

84-1662 901

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

Matthew P. Ecoff

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

325 Lakepointe Dr.

Suite, Apt. #, Etc.

#201

City

Altamonte Springs

State

FL

Zip Code

32701

☐ 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

Date

1/30/08

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	Matthew P. Ecoff	325 Lakepointe Dr. #201	Altamonte Springs, FL 32701

3001251196945
03/25/08--01018--006 **243.75

REINSTATEMENT 2007-08

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 01/30/08

Daytime Phone# 407-617-0190

Typed or printed name of signing Managing Member/Manager

Matthew P. Ecoff