


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000033521		
1. Entity Name AFFINITY ENTERPRISES, LLC		

Principal Place of Business 4795 SE MANATEE TERRACE STUART, FL 34997	Mailing Address 4795 SE MANATEE TERRACE STUART, FL 34997
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2. Principal Place of Business <u>Same</u>	3. Mailing Address <u>Same</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country
<u>Martin</u>	<u>Martin</u>

FILED

2005 OCT 17 P 4: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09022005 REIN-LLC CR2E101 (6/04)

4. FEI Number ☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	
KOHLE, N DEAN JR 50 S.E. KINDRED STREET STE. 107 STUART, FL 34994	

7. Name and Address of New Registered Agent	
Name <u>Natalia D'Onofrio</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>4795 SE Manatee Terrace</u>	
City <u>Stuart</u>	FL <u>34997</u>

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Natalia D'Onofrio (NOTE: Registered Agent signature required when reinstating) DATE 10/11/05

FILE NOW!!! FEE IS \$200.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>Natalia D'Onofrio</u> <u>4795 SE Manatee Terrace</u> <u>Stuart, FL 34997</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Natalia D'Onofrio DATE 10/11/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE