

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

08 OCT 10 AM 10:16

DOCUMENT # L03-38760

1. Limited Liability Company's Name

TECH NET, LLC

CR2E041 (12/07)

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

6574 N. STATE ROAD 7

Suite, Apt. #, etc.

252

City & State

COCONUT CREEK

Zip

33073-3625

Country

USA

3. Mailing Office Address

6574 N. STATE RD 7

Suite, Apt. #, etc.

252

City & State

COCONUT CREEK

Zip

33073-3625

Country

USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

10/10/2003

6. FEI Number

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

RICARDO OLIVEIRA

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

6574 N. STATE ROAD 7

Suite, Apt. #, Etc.

252

City

COCONUT CREEK

State

FL

Zip Code

33073

☐ 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

Ricardo Oliveira

Date

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
<u>P</u>	<u>RICARDO OLIVEIRA</u>	<u>6574 N. STATE RD 7</u> <u>SUITE 252</u>	<u>COCONUT CREEK, FL 33073</u>
<u>VP</u>	<u>SUELY M. DALMASCHIO</u>	<u>6574 N. STATE RD 7</u> <u>SUITE 252</u>	<u>COCONUT CREEK, FL 33073</u>

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REINSTATEMENT 2004-08

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

Ricardo Oliveira

Date

Daytime Phone # 561-703-6853

Typed or printed name of signing Managing Member/Manager

RICARDO OLIVEIRA