

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 MAR -7 PM 1:11

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L 030000 42276

1. Limited Liability Company's Name

PHANTOM LIGHTING & GRIP LLC

CR2E041 (12/07)

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

100 KINGS POINT DR

Suite, Apt. #, etc.

1803

City & State

Sunny Isles FL

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

33160

Country

USA

Zip

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

11/03/2003

6. FEI Number

47-0934133

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

CARLOS RAMIREZ

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

100 KINGS POINT DR

Suite, Apt. #, Etc.

1803

City

Sunny Isles

State

FL

Zip Code

33160

☒ 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 02-06-08

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
P	CARLOS RAMIREZ	100 Kings Point Dr 1803	Sunny Isles FL 33160

REINSTATEMENT

07-08

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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 02-06-08 Daytime Phone # 305-3031809

Typed or printed name of signing Managing Member/Manager

Carlos A Ramirez