

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000047430

1. Limited Liability Company's Name

Espinoza Espinoza, L.L.C.

2. Principal Office Address

4565 Druid Lane

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32304

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified
To Do Business in Florida

11/25/03

6. FEI Number

945-70-4402

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

ASUNCION E. ESPINOZA

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

4565 Druid Lane

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32304

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

[Signature]

Date

1/23/06

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
mgr	ASUNCION E. ESPINOZA	4565 Druid Lane	Tallahassee, FL 32304

REINSTATEMENT 2004-2006

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

[Signature]

Date

1/23/06

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

L03 000047430

Espinoza Espinoza L.L.C.

4565 Druid Lane

Tallahassee, Florida 32304

850-350-0842

FILED
2006 JAN 23 PM 5:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

 January 23, 2006

To Whom It May Concern,

This is to inform you I never received the annual report notice that was mailed to me and thus never recertified my company. Thank you for your assistance. If you have any further questions or I can be of any assistance please do not hesitate to call the above number.

Thank you,



Asuncion E. Espinoza
Manager Espinoza, Espinoza L.L.C.