

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2006
9-16-06

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV -9 PM 11:13

DOCUMENT #

L03000049698

1. Limited Liability Company's Name

FERNANDO HERNANDEZ CASEWORK INST LLC

2. Principal Office Address

2524 TAMPA BAY BLVD

Suite, Apt. #, etc.

TAMPA, FLA.

City & State

TAMPA, FLA

Zip

33607

Country

HILLSBOROUGH

3. Mailing Office Address

2524 TAMPA BAY BLVD

Suite, Apt. #, etc.

TAMPA, FLA

City & State

TAMPA, FLA

Zip

33607

Country

HILLSBOROUGH

CR2E041 (8/05)

4. State/Country of Formation

HILLSBOROUGH CO., FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

2005

6. FEI Number

20-0445531

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

FERNANDO J. HERNANDEZ

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

2524 TAMPA BAY BLVD.

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33607

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

Fernando J. Hernandez
REGISTERED AGENT MUST SIGN

Date 10.18.2006

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
Pres.	FERNANDO HERNANDEZ	2524 TAMPA BAY BLVD.	TAMPA, FLA 33607
V Pres.	FERNANDO HERNANDEZ	2524 TAMPA BAY BLVD.	TAMPA, FLA 33607
Sec.	FELIPE DOSAL	4508 W. HENRY AVE	TAMPA, FLA 33614

REINSTATEMENT 05-06

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

Fernando J. Hernandez

Date 10.18.2006

Daytime Phone #

813-679 3351

Typed or printed name of signing Managing Member/Manager

FERNANDO JUAN HERNANDEZ