PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 OCT 15 P 3: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
700041903477
10/15/04--01067--002 **150.00

DOCUMENT # L03000050558

1. Limited Liability Company's Name
Oscar Ruiz LLC

2. Principal Office Address
9333 Pavillion DR
Suite, Apt. #, etc.
City & State
Orlando FL
Zip 32825
Country Orange

3. Mailing Office Address
9333 Pavillion DR
Suite, Apt. #, etc.
City & State
Orlando FL
Zip 32835
Country Orange

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida 12-2003

6. FEI Number 20-0608618
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 Oscar Ruiz

Street Address (P.O. Box Number is Not Acceptable)
9333 Pavillion Drive

Suite, Apt. #, Etc. Orlando

City Orlando
State FL
Zip Code 32835

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 _Oscar Ruiz_
REGISTERED AGENT MUST SIGN
Date 10-12-04

CR2ED41 (10/02)

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	Oscar Ruiz	9333 Pavillion Dr	Orlando, FL

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 _Oscar Ruiz_
Date 10-12-04
Daytime Phone # (407) 492-8574

Typed or printed name of signing Managing Member/Manager _____