

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

05 MAR 30 AM 10:37

DOCUMENT # L03000050693

1. Limited Liability Company's Name

JORGE L. CANO LL.C

900050094459  
04/07/05--01017--005 \*\*200.00

2. Principal Office Address

2202 PRAIRIE VIEW DR

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LOXAHATCHEE FL

City & State

SAME

Zip

33470

Country

USA  
PALM BEACH

Zip

Country

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified  
To Do Business in Florida

NOV-26-2003  
JAN 2004

6. FEI Number

20-0590180

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

JORGE L. CANO

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

2202 PRAIRIE VIEW DRIVE

Suite, Apt. #, Etc.

City

LOXAHATCHEE FL 33470

State

FL

Zip Code

33470

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

Date

3/9/05

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>NONE</u>	<u>NONE</u>	
	<u>JORGE L. CANO</u>	<u>2202 PRAIRIE VIEW DR.</u>	<u>LOXAHATCHEE FL 33470</u>

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

3/9/05

Daytime Phone

(561) 329-8254

Type or printed name of signing Managing Member/Manager