

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

07 JUL 25 PM 4:35

DOCUMENT # L03000055258

1. Limited Liability Company's Name

GINES Platon Olivares, LLC

600106817286
07/27/07--01027--012 **200.00

CR2E041 (1/07)

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

3109 Spring Glen Rd

Suite, Apt. #, etc.

Ste 303

City & State

JACKSONVILLE, Fla

Zip

32207

Country

3. Mailing Office Address

3109 Spring Glen Rd

Suite, Apt. #, etc.

303

City & State

JACKSONVILLE, Fla

Zip

32207

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

20-0510592

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

Olivares, Gines P.

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

3109 Spring Glen Rd

Suite, Apt. #, Etc.

303

City

JACKSONVILLE

State

FL

Zip Code

32207

☐ 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

Gines P Olivares

Date

6/29/07

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	Olivares, Gines P.	3109 Spring Glen Rd Ste 303	JACKSONVILLE, Fla 32207

REINSTATEMENT

2006-2007

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

Gines P Olivares

Date

6/29/07

Daytime Phone

(904) 328-9695

Typed or printed name of signing Managing Member/Manager