

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 29 AM 9:07

DOCUMENT # L04000004091					
1. Entity Name FRANZ PUNGA, L.L.C.					
Principal Place of Business 1000 NW 38TH ST A5 OAKLAND PARK, FL 33309			Mailing Address 1000 NW 38TH ST A5 OAKLAND PARK, FL 33309		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 71-0983361			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FEINBERG, JEFFREY ESQ FEINBERG & MAIDENBAUM 4000 HOLLYWOOD BLVD, STE 350-N HOLLYWOOD, FL 33021			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEB IS \$150.00 After January 1, 2007, Fee will be \$200.00				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PUNGA, FRANZ M 1000 NW 38TH ST OAKLAND PARK, FL 33309	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	400082905004 01/02/07--01037--020 **150.00	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u>FRANZ M PUNGA</u> <u>FRANZ M PUNGA</u>			Date <u>12/26/06</u> 954 Office Phone <u>610-2769</u>		