

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 DEC 30 AM 10:49

DOCUMENT # L04000005058

1. Entity Name
FOSTEREVOLUTION, LLC



Principal Place of Business
14020 BISBAYNE BLVD, #709
N MIAMI, FL 33181

Mailing Address
14020 BISBAYNE BLVD, #709
N MIAMI, FL 33181

2. Principal Place of Business
P.O. Box 222324
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 222324
Suite, Apt. #, etc.



12052005 REIN-LLC CR2E101 (6/04)

City & State
Hollywood, Florida
Zip Country
33022 Broward

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Hollywood, Florida
Zip Country
33022 Broward

4. FEI Number
20-0639743

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GAY, JOHN L JR
JFG FINANCIAL SERVICES, LLC
2351 NW 196TH ST
MIAMI, FL 33056

7. Name and Address of New Registered Agent
Name
Timothy K. Foster
Street Address (P.O. Box Number is Not Acceptable)

2822 Taylor Street
City Hollywood FL Zip Code 33022

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
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12/07/05
DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2006, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME Owner
STREET ADDRESS Timothy K. Foster
CITY-ST-ZIP 2822 Taylor Street
Hollywood, FL 33022 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
600062119286
12/13/05--01042--007 **\$5.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
REINSTATEMENT 2005

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

12/07/05 (305) 467-0300
Date Daytime Phone #