

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 NOV 29 AM 10:27
DIVISION OF STATE
CORPORATIONS

DOCUMENT #

L04000010483

1. Limited Liability Company's Name

FLAVIR, LLC

2. Principal Office Address

1314 GEIGER AVE

Suite, Apt. #, etc.

City & State

COLUMBIA, SC

Zip

29201

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E041 (8/05)

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

2/6/04

6. FEI Number

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

MOA-RUIZ, ELLEN

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

4631 ST JOHN'S AVE

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32210

500061746975

11/29/05--01028--012 **150.00

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

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
MGRM	ANTONI SZKARADEK	1314 GEIGER AVE	Columbia, SC 29201

REINSTATEMENT

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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

11/22/05

Daytime Phone #

803-748-0405

Typed or printed name of signing Managing Member/Manager