

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000011286

1. Limited Liability Company's Name

West Broward Bicycle Center, LLC

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

13610 State RD 84

Suite, Apt. #, etc.

City & State

Davie, FL

Zip

33325

Country

U.S.A.

3. Mailing Office Address

13610 State RD 84

Suite, Apt. #, etc.

City & State

Davie, FL

Zip

33325

Country

U.S.A.

8. Name and Address of Current Registered Agent

Name

Jose A Pardo

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

13610 State Road 84

Suite, Apt. #, Etc.

City

Davie

State

FL

Zip Code

33325

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

REGISTERED AGENT MUST SIGN

Date **03/08/2007**

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	Luis F. Lazzari	13610 ST RD 84	Davie, FL 33325
MGR-A	Jose A. Pardo	13610 ST RD 84	Davie, FL 33325

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 **03/08/2007**

Daytime Phone # **(954) 424-9394**

Typed or printed name of signing Managing Member/Manager **Jose A. Pardo**

FILED

2007 MAR 13 AM 9:46

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CR2E041 (1/07)

4. State/Country of Formation
Florida, USA

5. Date Organized or Qualified
To Do Business in Florida **02/11/2004**

6. FEI Number
20-0847207

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ \$5.00 Additional Fee required
for a Certificate of Status

☐ 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.