

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 NOV 20 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200112242412
11/13/07--01073--011 **150.00

CR2E041 (1/07)

DOCUMENT # L04000016150

1. Limited Liability Company's Name

Risoni Communications, LLC

2. Principal Office Address - No P.O. Box #
295 East 14th Street

Suite, Apt. #, etc.

City & State

Hialeah, FL

Zip
33010

Country
USA

3. Mailing Office Address

295 East 14th Street

Suite, Apt. #, etc.

City & State

Hialeah, FL

Zip
33010

Country
USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

03/01/04

6. FEI Number

20-0807666

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

Nancy Risoni

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

295 East 14th Street

Suite, Apt. #, Etc.

City

Hialeah

State

FL

Zip Code

33010

☒ 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

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
MGR	Nancy Risoni	295 East 14th Street	Hialeah, FL 33010
MGR	Jose Paez	295 East 14th Street	Hialeah, FL 33010

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 **10-31-07**

Daytime Phone #

Typed or printed name of signing Managing Member/Manager