

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 SEP 19 AM 10:12

DOCUMENT # L04000016610

1. Limited Liability Company's Name

Shadey A's, LLC

CR2E041 (1/07)

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

18245 131st Trail N

Suite, Apt. #, etc.

3. Mailing Office Address

18245 131st Trail N

Suite, Apt. #, etc.

City & State
Jupiter, FL

City & State
Jupiter, FL

Zip
33478

Country
Palm Beach

Zip
33478

Country
Palm Beach

4. State/Country of Formation
FL/Palm Beach

5. Date Organized or Qualified
To Do Business in Florida **03/03/2004**

6. FEI Number
20-0891197

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
Angelena Viner

Street Address (P.O. Box Number is Not Acceptable)
18245 131st Trail N

Suite, Apt. #, Etc.

City
Jupiter

State
FL

Zip Code
33478

☒ 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

Angelena Viner

REGISTERED AGENT MUST SIGN

Date **9/14/2007**

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	Angelena Viner	18245 131st Trail N	Jupiter, FL 33458

200109657942
09/19/07--01045--001 **150.00

REINSTATEMENT
W/O **2005-2007 BLT**

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

Angelena Viner

Date **9/14/2007**

Daytime Phone # **772-286-9991**

Typed or printed name of signing Managing Member/Manager **Angelena Viner**