PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 DEC 18 PM 1:00

CR2E041 (1/07)

DOCUMENT # L04000018611

1. Limited Liability Company's Name

ANTUNES LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
655 Pinto Trail		655 Pinto Trail	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Englewood Fl		City & State: Englewood Fl	
Zip: 34223	Country: United States	Zip: 34223	Country: United States

4. State/Country of Formation: Florida/United States

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number: 200881114 — 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: Jose C. Antunes

Street Address (P.O. Box Number is Not Acceptable): 655 Pinto Trail

Suite, Apt. #, Etc.

City: Englewood — State: FL — Zip Code: 34223

☐ 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: [signature] — Date: 13 Dec 07

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
MR	Jose Antunes	655 Pinto Trail	Englewood Fl 34223

000113205120
12/17/07--01067--013 **250.00

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: [signature] Date: 12-13-07 Daytime Phone #: 1941 270 1903

Typed or printed name of signing Managing Member/Manager: JOSEPH C ANTUNES