

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 DEC 15 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700162646197
12/16/09--01003--004 **138.75

CR2E041 (10/09)

DOCUMENT # L04 000021585

1. Limited Liability Company's Name

Chanilei LLC

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

7548 N W 112th Place

Suite, Apt. #, etc.

3. Mailing Office Address

7548 N W 112th Place

Suite, Apt. #, etc.

4. State/Country of Formation

5. Date Organized or Qualified

To Do Business in Florida 03/22/2004

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33178

Country

U.S.A.

Zip

33178

Country

U.S.A.

6. FEI Number

14-1944063

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

Charles E Fombrun, Sr.

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

7548 N W 112th Place

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33178



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 fee 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

Charles E Fombrun, Sr.

REGISTERED AGENT MUST SIGN

Date 11/05/09

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	Charles E Fombrun, Sr.	7548 N W 112th Place	Miami, FL 33178
Mgr	Ariel R Fombrun	7548 N W 112th Place	Miami, FL 33178

REINSTATEMENT

700162646197
11/05/09--01003--004 **277.50

07-09

11/09/09 01069 011

11. E-mail Address: pierre@stanleyfoodman.com

(To be used for future annual report notifications)

277.50

12. I certify that I am managing member/manager or the receiver or the trustee empowered to execute this application as provided 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

Charles E Fombrun, Sr.

Date

11/05/09

Daytime Phone #

305-420-6328

Typed or Printed name of signing Managing Member/Manager

Charles E Fombrun, Sr.