

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

9-16-05
200.00

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 10 AM 8:19

DOCUMENT # L04000029212

1. Limited Liability Company's Name

CARLOS EDUARDO RODRIGUEZ LLC

200074055722

05/05/06--01019--016 **200.00

CR2E041 (8/05)

2. Principal Office Address

5844 STAFFORD SPRING TR (SAME)

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

ORLANDO, FL.

City & State

Zip

32829

Country

USA

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

4/16/2004

6. FEI Number

201005017

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ XX

\$5.00 Additional Fee required
(for a Certificate of Status)

8. Name and Address of Current Registered Agent

Name

CARLOS RODRIGUEZ

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

5844 STAFFORD SPRING TRAIL

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32829

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

C. E. Rodriguez

Date 03-05-06

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	CARLOS E. RODRIGUEZ	5844 STAFFORD SPRING TR.	ORLANDO, FL. 32829

REINSTATEMENT 05-06

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

C. E. Rodriguez

Date 03-05-06

Daytime Phone

(321) 239-9671

Typed or printed name of signing Managing Member/Manager CARLOS E. RODRIGUEZ