

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000046539

1. Limited Liability Company's Name

VICTOR D CABRERA, LLC

2. Principal Office Address - No P.O. Box #
9502 N. 13TH ST

Suite, Apt. #, etc.
A

City & State
TAMPA, FL

Zip Country
33612 USA

3. Mailing Office Address
9502 N. 13TH ST

Suite, Apt. #, etc.
A

City & State
TAMPA, FL

Zip Country
33612 USA

8. Name and Address of Current Registered Agent

Name
VICTOR D CABRERA

Street Address (P.O. Box Number is Not Acceptable)
9502 N. 13TH ST

Suite, Apt. #, Etc.
A

City State Zip Code
TAMPA, FL FL 33612

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

REGISTERED AGENT MUST SIGN

Date 6-11-07

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
MGRM	VICTOR D CABRERA	9502 N. 13TH ST # A	TAMPA, FL 33612

REINSTATEMENT

05-07

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 6-11-07

Daytime Phone # 813-532-0889

Typed or printed name of signing Managing Member/Manager

FILED

07 JUN 13 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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06/15/07--01069--001 **150.00

CR2E041 (1/07)

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified
To Do Business in Florida 06/22/2004

6. FEI Number ☐ Applied For
☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status

☒ 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.