

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2007 APR 11 AM 10:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L04000053422

1. Limited Liability Company's Name

EUROHOME Di SOLEIL, LLC

NEW ADDRESS (941) 743-0405

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

1082 BOWNE ST

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

PORT CHARLOTTE

City & State

SAME

Zip

33952

Country

CHARLOTTE

Zip

Country

4. State/Country of Formation

DADE COUNTY, FL

5. Date Organized or Qualified  
To Do Business in Florida

7/19/04

6. FEI Number

20-1391903

☒ 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 A. GARCIA

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

1082 BOWNE ST

Suite, Apt. #, Etc.

City

PORT CHARLOTTE

State

FL

Zip Code

33952

☒ 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.

941-743-0405

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 4-06-07

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
MGR	JOSE A. GARCIA	1082 BOWNE ST PT CHARLOTTE FL 33952	PORT CHARLOTTE FL 33952
MGR	CATANO SERGIO	119 N STATE RD 7	PLANTATION FL 33317
MGR	FELIU MANUEL	119 N STATE RD 7	PLANTATION FL 33317
MGR	MARTINEZ JOSE A	119 N STATE RD 7	PLANTATION FL 33317

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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 4-6-7

Daytime Phone #

(941) 743-0405

Typed or printed name of signing Managing Member/Manager

JOSE A. GARCIA