

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 NOV 16 AM 9:48



**DOCUMENT # L04000053646**  
1. Entity Name  
**ACQUISITION COMPANY WAREHOUSE, L.L.C.**

Principal Place of Business: **3339 WEST KENNEDY BOULEVARD TAMPA, FL 33609**  
Mailing Address: **3339 WEST KENNEDY BOULEVARD TAMPA, FL 33609**

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country  
3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country



10232006 REIN-LLC CR2E101 (11/05)  
4. FEI Number: **NOT APPLICABLE** Applied For  Not Applicable  
5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
**PRZYBYCIN, MATTHEW S  
3339 WEST KENNEDY BOULEVARD  
TAMPA, FLORIDA, FL 33609**

7. Name and Address of New Registered Agent  
Name: \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
City: \_\_\_\_\_ FL Zip Code: \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  
SIGNATURE: *Oscar D. Hernandez* **managing member**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$50.00 After January 1, 2007, Fee will be \$100.00**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.  
Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE: <b>MGRM</b>	<input type="checkbox"/> Delete
NAME: <b>HERNANDEZ, OSCAR D JR.</b>	
STREET ADDRESS: <b>3339 WEST KENNEDY BOULEVARD</b>	
CITY-ST-ZIP: <b>TAMPA, FL 33609</b>	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

10. ADDITIONS/CHANGES	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

**REINSTATEMENT 2006**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.  
SIGNATURE: *Oscar D. Hernandez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  
Date: **10/31/06**  
Daytime Phone #: **813-917-2036**