

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 JAN-3 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000060357

1. Limited Liability Company's Name

CAROUSEL HOMES, LLC

CR2E041 (1/11)

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

8057 NW 155 St

Suite, Apt. #, etc.

3. Mailing Office Address

8057 NW 155 St

Suite, Apt. #, etc.

City & State

Miami Lakes, FL

Zip

33016

Country

City & State

Miami Lakes, FL

Zip

33016

Country

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified
To Do Business in Florida

8/16/04

6. FEI Number

20-1490034

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

Yizel Amador

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

8057 NW 155 St

Suite, Apt. #, Etc.

City

Miami Lakes

State

FL

Zip Code

33016

E-mail Address:

Carouselmlc@aol.com
(To be used for future annual report notices)

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

[Signature]

Date 7/20/11

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
P	Yizel Amador	8057 NW 155 St Miami Lakes FL 33016	Miami Lakes, FL 33016

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REINSTATEMENT

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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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

[Signature]

Date 7/20/11

Daytime Phone # 305818 4966

Typed or printed name of signing Managing Member/Manager