

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 23 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000061510

1. Limited Liability Company's Name

THE FIRST HALPO TRUST LLC

100171753561
03/10/10--01028--006 **516.25
CR2E041 (11/09)

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

11495 Lake Underhill Rd. / 11495 Lk. Underhill Rd.

3. Mailing Office Address

11495 Lk. Underhill Rd.

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32825

Country

US

Zip

32825

Country

US

4. State/Country of Formation

FL US

5. Date Organized or Qualified
To Do Business in Florida

8/16/2004

6. FEI Number

27-2059862

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 Reginald Ovince

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

Suite, Apt. #, Etc.

City Orlando

State FL

Zip Code 32806

☐ 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.

100171753561
03/23/10--01011--019 **138.75

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

Reginald Ovince

REGISTERED AGENT MUST SIGN

Date 3-8-10

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	Ricardo Ferrer Ricardo Ferrer	11495 Lk. Underhill Rd.	Orlando, FL, 32825

JB

REINSTATEMENT 2007-10

11. E-mail Address:

(To be used for future annual report notifications)

12. 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

Ricardo Ferrer

Date

3/8/10

Daytime Phone #

407.399.7788

Typed or printed name of signing Managing Member/Manager

Ricardo Ferrer

Ricardo Ferrer