

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 \*\*\$16.25  
CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #  
**11495 Lake Underhill Rd. / 11495 Lk. Underhill Rd.**

Suite, Apt. #, etc

3. Mailing Office Address  
**11495 Lk. Underhill Rd.**

Suite, Apt. #, etc

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**

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

City & State

**Orlando, FL**

City & State

**Orlando, FL**

Zip  
**32825**

Country  
**US**

Zip  
**32825**

Country  
**US**

8. Name and Address of Current Registered Agent

Name  
**Reginald Ovince**

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