

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # LO4000064990

**1. Limited Liability Company's Name**

Owens Organization, LLC  
485 NE 128th Street  
North Miami, Florida 33161

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

485 NE 128th Street

Suite, Apt. #, etc.

City & State

North Miami, Florida

Zip

33161

Country

USA

**3. Mailing Office Address**

485 NE 128th Street

Suite, Apt. #, etc.

City & State

North Miami, Florida

Zip

33161

Country

USA

**4. State/Country of Formation**

Florida

**5. Date Organized or Qualified**

To Do Business in Florida 9-01-2004

**6. FEI Number**

73-1717937

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

NRAI SERVICES, INC.

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

2731 Executive Park Dr.

Suite, Apt. #, Etc.

Suite 4

City

Weston

State

FL

Zip Code

33331

☐ 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.

**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]*  
REGISTERED AGENT MUST SIGN

Date

9.22.08

**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
MGRM	Robert Owens	485 NE 128th Street	North Miami, Florida 33161
MGRM	Audrey Toussaint	880 NE 147th Street	North Miami, Florida 33161

**REINSTATEMENT**

2007-08

**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

*[Signature]*

Date

9-24-08

Daytime Phone # 305-899-8465

Typed or printed name of signing Managing Member/Manager Robert Owens