

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUN 19 PM 1:07

DOCUMENT # L04000066081

1. Limited Liability Company's Name

Samuel Barbosa LLC

CR2E041 (1/07)

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

585 Spencer Drive

Suite, Apt. #, etc.

305

City & State

West Palm Beach FL

Zip

33409

Country

3. Mailing Office Address

505 Spencer Drive

Suite, Apt. #, etc.

305

City & State

Zip

33409

Country

4. State/Country of Formation

FL

**5. Date Organized or Qualified
To Do Business in Florida**

9/1/04

6. FEI Number

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

☐ 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.

8. Name and Address of Current Registered Agent

Name

Max J. Kolshak Inc

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

2326 S. Congress Ave Ste 1-C

Suite, Apt. #, Etc.

1-C

City

West Palm Beach, FL

State

FL

Zip Code

33406

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 6/2/07

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
<u>MGRM</u>	<u>Samuel Barbosa</u>	<u>505 Spencer Drive Ste 305</u>	<u>W.P.B., FL 33409</u>
			<u>700104649677</u>
			<u>06/21/07--01011--022 **250.00</u>

REINSTATEMENT 06-27

RLK

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 6/9/07

Daytime Phone # 561-433-2227

Typed or printed name of signing Managing Member/Manager

Samuel Barbosa