

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 DEC 29 PM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **LO4 000080457**

1. Limited Liability Company's Name

Old Fashioned Holdings, LLC

600163992916
12/28/09--01058--017 **416.25
CR2E041 (11/09)

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

6140 Pinetree dr

Suite, Apt. #, etc.

3. Mailing Office Address

955 Azalea Circle East

Suite, Apt. #, etc.

City & State

Miami Beach FL

City & State

Palm Springs CA

Zip

33140

Country

DAde

Zip

92264

Country

Riverside

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

342028187

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

Edward Cooper

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

11423 SW 115 Lane

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33176

☒ 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

Edward Cooper
REGISTERED AGENT MUST SIGN

Date **12/21/9**

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
Pres	Edward Cooper	955 Azalea Circle East	Palm Springs, CA 92264

REINSTATEMENT-07-09

bigcoop77@yahoo.com

11. E-mail Address: **BigCoop77@yahoo.com** **bigcoop77@yahoo.com**

(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

Edward Cooper

Date **12/21/9**

Daytime Phone # **786-255-1815**

Typed or printed name of signing Managing Member/Manager

C.S.