

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 JUN 13 AM 10:51

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

100076253371  
06/16/06--01016--021 \*\*205.00

CR2E041 (8/05)

DOCUMENT # L04000080492

1. Limited Liability Company's Name

Reyes LLC

2. Principal Office Address

4920 Hoffner Ave  
Suite, Apt. #, etc.

3. Mailing Office Address

4920 Hoffner Ave  
Suite, Apt. #, etc.

4. State/Country of Formation

Florida, US

5. Date Organized or Qualified  
To Do Business in Florida

11-05-2004

6. FEI Number

201847834

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 Servando Reyes  
Street Address (P.O. Box Number is Not Acceptable)  
4920 Hoffner Ave  
Suite, Apt. #, Etc.

City Orlando

State  
FL

Zip Code  
32812

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 Servando Reyes

Date 6-6-06

REGISTERED AGENT MUST SIGN

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
MR	Servando Reyes	4920 Hoffner Ave	Orlando, FL 32812

REINSTATEMENT 05-06

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 Servando Reyes

Date 6-6-06

Daytime Phone # 407-948 9278

Typed or printed name of signing Managing Member/Manager