

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L04000081620**

1. Limited Liability Company's Name

DEFACTO, L.L.C.

2. Principal Office Address

2500-2 N. State Road 7

Suite, Apt. #, etc.

City & State

Hollywood, FL

Zip

33021

Country

3. Mailing Office Address

2500-2 N. State Road 7

Suite, Apt. #, etc.

City & State

Hollywood, FL

Zip

33021

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

11/10/2004

6. FEI Number

34-2023681

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

CR2E041 (8/05)

**8. Name and Address of Current Registered Agent**

Name

Alex Sorsher

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

2500-1 N State Road 7

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33021

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

REGISTERED AGENT MUST SIGN

Date

10-20-06

**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	Sergey Andreuev	2500-2 N. State Road 7	Hollywood, FL 33021
MGRM	Yury Medvedev	2500-2 N. State Road 7	Hollywood, FL 33021

100081622541

11/09/06--01023--001 \*\*600.00

**REINSTATEMENT**

2005-2006

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

Date

10/20/06

Daytime Phone #

954-962-0011

Typed or printed name of signing Managing Member/Manager