

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 SEP 28 AM 11:13

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **LO4000087061**

1. Limited Liability Company's Name

**REGINA ENTERPRISES, LLC**

**300080265093**  
09/28/06--01043--018 \*\*200.00

CR2E041 (8/05)

2. Principal Office Address <b>307 TWENTIETH ST.</b>		3. Mailing Office Address <b>307 TWENTIETH ST.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>ST. AUGUSTINE, FL</b>		City & State <b>ST. AUGUSTINE, FL</b>	
Zip <b>32084</b>	Country <b>USA</b>	Zip <b>32084</b>	Country <b>USA</b>

4. State/Country of Formation <b>FL / USA</b>	
5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number <b>20-2285315</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name **REGINA M. PINEDA**  
Street Address (P.O. Box Number is Not Acceptable)  
**307 TWENTIETH ST.**  
Suite, Apt. #, Etc.  
City **ST. AUGUSTINE**

State **FL** Zip Code **32084**

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

*Regina M. Pineda*

REGISTERED AGENT MUST SIGN

Date **9/25/06**

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
MGR.	REGINA M. PINEDA	307 TWENTIETH ST. ST. AUGUSTINE, FL 32084	ST AUGUSTINE, FL 32084
MGR.	C. CHARLES PINEDA	307 TWENTIETH ST	ST. AUGUSTINE, FL 32084

**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

*C. Charles Pineda*

Date **9/25/06**

Daytime Phone # **(954) 816-2559**

Typed or printed name of signing Managing Member/Manager

**C. CHARLES PINEDA**