

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000087956

1. Entity Name
FLASHBOY SEAT COVER, LLC



Principal Place of Business
**7794 CORAL WAY
MIAMI, FL 33155**

Mailing Address
**7794 CORAL WAY
MIAMI, FL 33155**

FILED

2009 JUN -2 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business - No P.O. Box #
2023 Opa-Laka Blvd

3. Mailing Address
2023 Opa-Laka Blvd



05262009 REIN-LLC CR2E101 (1/07)

City & State
Miami, FL

Zip
33054

Country

4. FEI Number
20-2045853

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TELLEZ, FRANK D
7794 CORAL WAY
MIAMI, FL 33155**

7. Name and Address of New Registered Agent

Name
Frank D. Tellez

Street Address (P.O. Box Number is Not Acceptable)
2023 Opa-Laka Blvd

City
Miami

State
FL

Zip Code
33054

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE **05/26/09**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TELLEZ, FRANK D 1930 NW 2 ST MIAMI, FL 33125	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Martha N. Rios 1930 NW 2 ST MIAMI, FL 33125	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Frank D. Tellez 2023 Opa-Laka Blvd Miami, FL 33054	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400156670134 06/02/09--01021--007 **277.50	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* President DATE **05/26/2009**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE