

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN 22 AM 9:24

DOCUMENT # LD400008987

1. Limited Liability Company's Name

EN ONE TRUST, LLC

CR2E041 (1/07)

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

511 NW 44th Street

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1006

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33127

Country

DADE

City & State

MIAMI, FL

Zip

33137

Country

DADE

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

12/9/04

6. FEI Number

06-1734766

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

FRANCIS FERTIL

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

511 NW 44th Street

Suite, Apt. #, Etc.

City

MIAMI,

State

FL

Zip Code

33127

☐ 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

Francis Fertil

REGISTERED AGENT MUST SIGN

Date 01/18/07

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
M	FRANCIS FERTIL	511 NW 44 th STREET	MIAMI, FL 33127
			200086237512
			01/25/07--01043--007 **255.00
			<i>off</i>
			REINSTATEMENT 05-07

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

Francis Fertil

Date

01/18/07

Daytime Phone #

786-487-8986

Typed or printed name of signing Managing Member/Manager

FRANCIS FERTIL