

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000091742

1. Limited Liability Company's Name

LS TAXI SERVICE LLC

BK

FILED
07 OCT -5 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
20505 E. Country Club Drive

3. Mailing Office Address
20505 E. Country Club Drive

Suite, Apt. #, etc.
Apt. 634

Suite, Apt. #, etc.
Apt. 634

City & State
Aventura, Florida

City & State
Aventura, Florida

Zip
33180

Country

Zip
33180

Country

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida 12/20/2004

6. FEI Number 20-2086337

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
SPIEGEL & UTRERA, P.A.

Street Address (P.O. Box Number is Not Acceptable)
1840 Southwest 22nd Street

Suite, Apt. #, Etc.
4th Floor

City
Miami

State
FL

Zip Code
33145

☒ 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

Spiegel & Utrera, P.A.

By: *Natalia Utrera*
Natalia Utrera, Vice President

Date 10/4/07

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
MGR	Siancas, Luis	20505 E. Country Club Drive, Apt. 634	Aventura, Florida 33180
ST	Siancas, Luis	20505 E. Country Club Drive, Apt. 634	Aventura, Florida 33180
REINSTATEMENT 2005-2007			
700110524567 10/09/07--01024--006 **150.00			

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

Luis Siancas

Date

10/4/07

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Luis Siancas