

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 DEC 27 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LOS 0000 37065

1. Limited Liability Company's Name

South Florida Genetics

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
6701 SW 124th avenue

3. Mailing Office Address
3811 NW 92nd avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Penbroke Pines, Florida

City & State
Hollywood, Florida

Zip
33024

Country
Broward

Zip
33024

Country
Broward

4. State/Country of Formation
florida/usa

5. Date Organized or Qualified
To Do Business in Florida **4/15/05**

6. FEI Number
14-1928048

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
Christopher C. Puentes

Street Address (P.O. Box Number is Not Acceptable)
3811 NW 92nd avenue

Suite, Apt. #, Etc.

City
Hollywood, Florida

State
FL

Zip Code
33024

☐ 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

REGISTERED AGENT MUST SIGN

Date **12/21/07**

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	Christopher C. Puentes	3811 NW 92nd avenue	Hollywood, Florida, 33024

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12/26/07--01043--010 **200.00

REINSTATEMENT

2006-2007

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

12/21/07

Daytime Phone #

786-863-3212

954-431-4238

Typed or printed name of signing Managing Member/Manager