

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY 11 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000042503

1. Limited Liability Company's Name

A+ A Enterprises, LLC.

CR2E041 (11/09)

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

3001 E. Hillsborough Ave. 3001 E. Hillsb. Ave

Suite, Apt. #, etc.

3. Mailing Office Address

3001 E. Hillsb. Ave

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

Country

33540

USA

City & State

Tampa, FL

Zip

Country

33610

USA

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified
To Do Business in Florida

2009

6. FEI Number

35-2254104

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

Stacy Carreno

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

1620 Salmonberry St.

Suite, Apt. #, Etc.

City

Wesley Chapel

State

FL

Zip Code

33543

☐ 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

Stacy Carreno

Date

5-4-10

REGISTERED AGENT MUST SIGN

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
mgmbr.	Stacy Carreno	1620 Salmonberry St.	Wesley Chapel, FL 33543

REINSTATEMENT 2009-10

11. E-mail Address: carrenotdean@hotmail.com

(To be used for future annual report notifications)

12. 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

Stacy Carreno

Date

5-4-10

Daytime Phone #

813.383.3078

Typed or printed name of signing Managing Member/Manager