

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L 05000042763**

1. Limited Liability Company's Name

Jose A. Sanchez, P.E., LLC

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

4937 SW 74 Ct

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33155

Country

Dade

3. Mailing Office Address

4937 SW 74 Ct

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33155

Country

Dade

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

5/2/05

6. FEI Number

56-2512526

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

Jose A. Sanchez

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

4937 SW 74 Ct

Suite, Apt. #, Etc.

City

Miami,

State

FL

Zip Code

33155

☐ 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

X Jose A. Sanchez

REGISTERED AGENT MUST SIGN

Date

9/27/07

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	Jose A. Sanchez	4937 SW 74 Ct	Miami, FL 33155

REINSTATEMENT

06.07

400110177184
10/02/07--01023--016 **200.00

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

X Jose A. Sanchez

Date

9/27/07

Daytime Phone #

305-668-4555

Typed or printed name of signing Managing Member/Manager