

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

08 OCT -9 PM 2:22

DOCUMENT # **L 05000046534**

1. Limited Liability Company's Name

ANN 24, LLC

300136688323
10/07/08--01006--007 ***375.00

CR2E041 (10/08)

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

16561 N.W. 82nd PL

3. Mailing Office Address

Same

Suite, Apt. #, etc.

-

Suite, Apt. #, etc.

City & State

Miami Lakes FL

City & State

Same

Zip

33016

Country

USA

Zip

Country

4. State/Country of Formation

FL, USA

5. Date Organized or Qualified
To Do Business in Florida

5-10-2005

6. FEI Number

20-2847858

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

Roberto Blanco

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

16561 NW 82nd PL

Suite, Apt. #, Etc.

City

Miami Lakes

State

FL

Zip Code

33016

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date

9-30-08

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 |
|--------------|--------------------------------------|---|------------------------------|
| Pres. | ROBERTO BLANCO | 16561 NW 82nd PL | MIAMI LAKES, FL 33016 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

006-1000193-1009068796
DEPOSIT ONLY 37.50
10/07/08--01006--007

300136688323
10/07/08--01006--007 ***377.50

REINSTATEMENT 2007-08

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

[Signature]

Date

9-30-08

Daytime Phone #

786-877-3688

Typed or printed name of signing Managing Member/Manager

Roberto Blanco