

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

105000049272

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 105000049272

1. Limited Liability Company's Name

GOMEZ, LLC

08
W09-54849

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

223 College St

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1588

Suite, Apt. #, etc.

City & State

LaBelle FL

City & State

LaBelle FL

Zip

33935

Country

Hendry

Zip

33975

Country

Hendry

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

9/26/08

6. FEI Number

202704480

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

LUCKEY, OWEN JR

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

90 HOWE AVE

Suite, Apt. #, Etc.

City

LaBelle FL

State

FL

Zip Code

33935

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 12-4-9

☒ 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.

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
<u>MGRM</u>	<u>JOSE GOMEZ</u>	<u>223 College St</u>	<u>LaBelle, FL 33935</u>

REINSTATEMENT

2008, 09
2010

600163726866
02/23/10--01005--023 **177.50

up 2/25/10

11. E-mail Address:

jjgomezllc@gmail.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

[Signature]

Date 12-15-09

Daytime Phone # 863 675 2062

Typed or printed name of signing Managing Member/Manager