

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAY -5 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

DOCUMENT # L05000049359

1. Limited Liability Company's Name

LEM Enterprises, LLC

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

621 NE 34 Street

Suite, Apt. #, etc.

3. Mailing Office Address

3381 N. Dixie Highway

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

City & State

Pompano Beach, FL

Zip

33064

Country

USA

Zip

33064

Country

USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida

May 12, 2005

6. FEI Number
20-2901136

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

Louis E. Miranda

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

3560 NE 28 Avenue

Suite, Apt. #, Etc.

City

Lighthouse Point

State

FL

Zip Code

33064

☒ 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

Louis E. Miranda

REGISTERED AGENT MUST SIGN

Date

5/1/09

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
MGRM	Louis E. Miranda	3381 N. Dixie Highway	Pompano Beach, FL 33064

REINSTATEMENT 0609

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05/05/09--01037--008 **555.00

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

Louis E. Miranda

Date

5/1/09

Daytime Phone # **954-781-8220**

Typed or printed name of signing Managing Member/Manager **Louis E. Miranda**