

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

09 FEB 16 AM 8:39

DOCUMENT # L05000050023

1. Limited Liability Company's Name

Fonseca Enterprises #7 LLC

800139682038  
01/06/09--01018--005 \*\*243.75  
CR2E041 (10/08)

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

14359 Miramar Pkwy

Suite, Apt. #, etc.

227

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Miramar, FL

City & State

Zip

33027

Country

Broward

Zip

Country

4. State/Country of Formation

Florida, Broward

5. Date Organized or Qualified  
To Do Business in Florida

5/19/05

6. FEI Number

20-2881742

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

Major A. Fonseca

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

3842 SW 166 Ave

Suite, Apt. #, Etc.

City

Miramar, FL

State

FL

Zip Code

33027

☐ 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 Major A. Fonseca

REGISTERED AGENT MUST SIGN

Date

12/20/2008

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	MAJOR A. FONSECA	3842 SW 166 AVE	MIRAMAR, FL 33027

800139682038  
02/17/09--01003--002 \*\*138.75

REINSTATEMENT 2008-2009

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

Major A. Fonseca

Date

1/20/2009

Daytime Phone #

(954) 670-4838

Typed or printed name of signing Managing Member/Manager

MAJOR A. FONSECA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

09 FEB 16 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

January 28, 2009

FONSECA ENTERPRISES # 7 LLC  
14359 MIRAMAR PKWY  
# 227  
MIRAMAR, FL 33027

SUBJECT: FONSECA ENTERPRISES # 7 LLC  
Ref. Number: L05000050023

We have received your document for FONSECA ENTERPRISES # 7 LLC and check(s) totaling \$243.75. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$133.75. Refer to the attached fee schedule for the *breakdown of fees*. Please return a copy of this letter to ensure your money is properly credited.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II

Letter Number: 309A00003160