

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

07 DEC 28 AM 10:26

DOCUMENT # L05000051313

1. Limited Liability Company's Name

521 Building, LLC

200113551442
01/02/08--01035--010 ***100.00
CR2E041 (1/07)

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

5368 Chandler Dr

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Winter Haven, FL

City & State

Winter Haven, FL

Zip

33884

Country

USA

Zip

33884

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

5/24/05

6. FEI Number

☒ 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

Marcia Rodriguez

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

5368 Chandler Dr

Suite, Apt. #, Etc.

City

Winter Haven

State

FL

Zip Code

33884

☒ 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

Marcia Rodriguez

REGISTERED AGENT MUST SIGN

Date 12-19-07

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
<u>P</u>	<u>Marcia Rodriguez</u>	<u>5368 Chandler Dr</u>	<u>Winter Haven, FL 33884</u>
<u>VP</u>	<u>Genis D Gonzalez</u>	<u>5368 Chandler Dr</u>	<u>Winter Haven, FL 33884</u>

REINSTATEMENT 2006, 2007

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

Marcia Rodriguez

Date 12-19-07

Daytime Phone #

863-325 9057

Typed or printed name of signing Managing Member/Manager