PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	FLORIDA DEPARTIMENT OF STATE	E	FILED	
REINGIAMENI	Secretary of State Ownshin of Corporations		07 NOV 20 PM 1:49	
DOCUMENT # \(\int O \int O 000 5 3 4/2 \) 1. Limited Liability Company's Name			SECRETARY OF STATE FALLAHASSEE, FL ORIDA	
Santiago Fineral Home LLC		90 11/06	900112047669 11/06/0701052012 **150.00	
2. Principal Office Address - No P.O. Box #	2 Neither Office Address		CR2E041 (1/07)	
427 South Dixic Highway	3. Mailing Office Address PO BOX 750	4. State/Cour	ntry of Formation	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		orida USA	
City & State	City & State	To Do Bus	nized or Qualified iness in Florida November 2007	
Lake Worth Florida	Lake Worth, Florida	26-13	Applied For Not Applicable	
Lake Worth Florida Zip Country 33460 USA	3346D Country UJA	7. CERTIFICATI		
8. Name and Address of Current Registered Agent				
Joseph SanTiago SR			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	
Street Address (PKO. Box Number is Not Acceptable) 427 South Dixie High way		receiv		
Suite, Apt. #, Etc.		not re	not received and requesting the \$100 reinstatement be waived.	
chy Lake Worth	State Zip Code FL 33460		1 Temstatement 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 Only Only Sign Date 18/23/07 REGISTERED AGENT MUST SIGN				
10. Names and Street Addresses of Managing Members/Managers				
Titles Name of Managing Members/Manager	Street Address of I Managing Member/M		City / State / Zip	
MERN Joseph Santiago SA 427 South		e Hypnay	Koke North FL 33410	
MGR Joseph SanTrago.	5R 38 Squire Re	38 Squire Road Windsor CT-06095		
900112047669 11/20/0701010006 **50.00				
	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 overly been 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 it made under cath.				
		2011 10 0 00 12 10 12 12 12 12 12 12 12 12 12 12 12 12 12	to, and my agricults shall have the same logal enect	
as if made under oath. Signature of Managing Member/Manager			20 Daytime Phone # 707 6285	