

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRET
DIVISION

07 OCT 30 PM 2:33

DOCUMENT # L05000054646

1. Limited Liability Company's Name

Casa Blanca Linen, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # 3890 NW 132nd ST		3. Mailing Office Address 3890 NW 132nd ST	
Suite, Apt. #, etc. Bay B		Suite, Apt. #, etc. Bay B	
City & State Opa Locka, FL		City & State Opa Locka, FL	
Zip 33054	Country Dade	Zip 33054	Country Dade

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida 6/2/05

6. FEI Number
20-2957520

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
Joseph Shomar

Street Address (P.O. Box Number is Not Acceptable)
7777 NW 146th ST.

Suite, Apt. #, Etc.

City
Miami Lakes, FL 33016

☒ 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

REGISTERED AGENT MUST SIGN

Date 10/24/07

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
Mmbrs	Zaal Hazama	3890 NW 132nd ST Bay B	Opa Locka, FL 33054

500111460945
10/29/07--01065--011 **200.00

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

Date 10/24/07

Daytime Phone #

Typed or printed name of signing Managing Member/Manager **Zaal Hazama**