



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L05000057517**

1. Limited Liability Company's Name
EDUARDO A SALAZAR LLC

2010 FEB -2 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700167768697
02/02/10--01013--013 **416.25

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #
9235 SW 16 TERRACE
Suite, Apt. #, etc.

3. Mailing Office Address
3235 SW 16 TERRACE
Suite, Apt. #, etc.

City & State
Fort Lauderdale, FL

City & State
Florida - Fort Lauderdale

Zip Country
33315 Broward

Zip Country
33315 Broward

4. State/Country of Formation
FLORIDA, Broward County

5. Date Organized or Qualified To Do Business in Florida
June 9, 2005

6. FEI Number
20-2917521

Applied For
 Not Applicable

CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
EDUARDO A. SALAZAR

Street Address (P.O. Box Number is Not Acceptable)
3235 SW 16 TERRACE

Suite, Apt. #, Etc.

City State Zip Code
Fort Lauderdale FL 33315

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 **Eduardo A. Salazar** Date **01/29/2010**

REGISTERED AGENT MUST SIGN

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 |
|-----------|-----------------------------------|--|---------------------------|
| President | Eduardo A. SALAZAR | 3235 SW 16 TERRACE | Fort Lauderdale, FL 33315 |
| Secretary | Eduardo A. SALAZAR | W W | W W |
| Treasurer | Eduardo A. SALAZAR | W W | W W |
| | | | |
| | | | |

08-10
02-23-10

11. E-mail Address: **EDUSALAZAR@COMCAST.NET**
(To be used for future annual report notifications)

12. 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 **Eduardo A. Salazar** Date **01/29/2010** Daytime Phone # **954-816-6976**

Typed or printed name of signing Managing Member/Manager