

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # L05000062950

1. Limited Liability Company's Name

10053 103rd STREET, LLC

2008 JUL 23 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

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

10053 103rd ST

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

JACKSONVILLE

City & State

FLORIDA

Zip

32210

Country

USA

Zip

Country

4. State/Country of Formation

Florida / Duval

**5. Date Organized or Qualified
To Do Business in Florida**

6/24/05

6. FEI Number

NONE

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

Vincent Serrano

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

10053 103rd ST.

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32210

☒ 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 Vincent Serrano

Date

7-14-08

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
MEM	Vincent Serrano	10053 103 rd ST	Jacksonville, FL 32210

REINSTATEMENT 06-08

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07/17/08--01036--010 **416.25

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**

X Vincent Serrano

Date

7-14-08

Daytime Phone #

904-771-7111

Typed or printed name of signing Managing Member/Manager