

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2009 OCT -6 PM 1:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

**DOCUMENT # L05000069460**

**1. Limited Liability Company's Name**

Michael Guerin LLC

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

15782 75th way north

Suite, Apt. #, etc.

**3. Mailing Office Address**

Suite, Apt. #, etc.

**City & State**

palm beach gardens, Florida

**City & State**

**Zip**

33418

**Country**

USA

**Zip**

**Country**

**4. State/Country of Formation**

Florida U.S.A.

**5. Date Organized or Qualified**

To Do Business in Florida 2005

**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**

Michael Guerin

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

15782 75th Way North

Suite, Apt. #, Etc.

**City**

Palm Beach Gardens

**State**

FL

**Zip Code**

33418

☒ 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**

*Michael Guerin*

REGISTERED AGENT MUST SIGN

**Date** September 29, 2009

**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	Joan Guerin	15782 75th Way N.	Palm Bch Gardens FL 33418
			300161241189
			10/01/09 01034 004 *\$500.00

**REINSTATEMENT - 06 - 09**

**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**

*Michael Guerin*

**Date** 9-29-2009

**Daytime Phone #** 561-951-3032

**Typed or printed name of signing Managing Member/Manager** Michael Guerin

*C.L.*