

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000071802

1. Limited Liability Company's Name

Goran Ristevski LLC

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

1400 via royale

Suite, Apt. #, etc.

apt # 1405

City & State

Jupiter, FL

Zip

33458

Country

U.S.A.

3. Mailing Office Address

1400 via royale

Suite, Apt. #, etc.

apt # 1405

City & State

Jupiter, FL

Zip

33458

Country

U.S.A.

4. State/Country of Formation

FL / palm beach

5. Date Organized or Qualified
To Do Business in Florida

07 21 2005

6. FEI Number

20-3182098

☐ 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

Goran Ristevski

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

1400 via royale

Suite, Apt. #, Etc.

apt#1405

City

Jupiter

State

FL

Zip Code

33458

L. SELLERS

AUG 6 2010

EXAMINER

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 08/01/2010

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
pres	Goran Ristevski	1400 via royale #1405	Jupiter FL 33458

REINSTATEMENT

11. E-mail Address: goranristevski24@yahoo.com
(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

Date 08/01/2010

Daytime Phone # 561-310-9887

Typed or printed name of signing Managing Member/Manager