2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

07 OCT -5 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000077005

1. Entity Name
VERGIL L FRANCIS LLC

07302007 REIN-LLC CR2E101 (1/07)

Principal Place of Business	Mailing Address
1448 AVON LANE APT 812 NORTH LAUDERDALE, FL 33068	1448 AVON LANE APT 812 NORTH LAUDERDALE, FL 33068

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4711 NW 18ST	4711 NW 18ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAUDERHILL FL	City & State: LAUDERHILL FL
Zip: 33313 Country: USA	Zip: 33313 Country: USA

4. FEI Number — Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FRANCIS, VERGIL L 1448 AVON LANE APT 812 NORTH LAUDERDALE, FL 33068 FRANCIS VERGIL 4711 NW 18ST LAUDERHILL FL 33313	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registering agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS ~~$400.00~~ $50.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM VERGIL FRANCIS 4711 NW 18ST LAUDERHILL FL 33313	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 400110517584 10/09/07--01015--015 **50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 05/03/06-90038-006-#50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT 06-07
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ 8-1-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #