

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

07 OCT 30 PM 12:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L05000086220

1. Limited Liability Company's Name

**UV Enterprises LLC**

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # <b>11458 NW 79 Lane</b>		3. Mailing Office Address <b>11458 NW 79 Lane</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Doral FL</b>		City & State <b>Doral FL</b>	
Zip <b>33178</b>	Country <b>U.S.</b>	Zip <b>33178</b>	Country <b>U.S.</b>

4. State/Country of Formation <b>FL, U.S.</b>	
5. Date Organized or Qualified To Do Business in Florida <b>8/31/2005</b>	
6. FEI Number <b>20-3407301</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

**8. Name and Address of Current Registered Agent**

Name <b>Joseph F. Cabanas</b>	
<b>Cabanas &amp; Associates, P.A.</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>10520 NW 26 ST.</b>	
Suite, Apt. #, Etc. <b>C 201</b>	
City <b>Doral</b>	State <b>FL</b>
Zip Code <b>33172</b>	

☒ 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 *[Signature]* Date **10/22/07**  
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
Mgr.	Virginia Chavez	11458 NW 79 Lane	Doral, FL 33178
Mgr.	Uraima Romero de Segura	11458 NW 79 Lane	Doral, FL 33178

**REINSTATEMENT**

300111392653  
10/28/07--01041--005 \*\*100.00

*[Signature]*

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 *[Signature]* Date **10/22/07** Daytime Phone # **3055937871**

Typed or printed name of signing Managing Member/Manager **Virginia Chavez**