

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2005 OCT 14 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

DOCUMENT # L05000087082

1. Limited Liability Company's Name

EWorld Properties, LLC

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

2603 SW 130 Terr.

Suite, Apt. #, etc.

3. Mailing Office Address

2603 SW 130 Terr.

Suite, Apt. #, etc.

City & State

Miramar, FL.

City & State

Miramar, FL.

Zip

33027

Country

USA

Zip

33027

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

9/2005

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

Phylliss Jefferson

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

207 SE 7th St.

Suite, Apt. #, Etc.

City

Dania Beach

State

FL

Zip Code

33004

☒ 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

Phylliss L. Jefferson

REGISTERED AGENT MUST SIGN

Date 10/8/09

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
P	Edwin Reyes	2603 SW 130th Terr. 2603 SW 130th Terr.	Miramar, FL 33027
VP	Delia Reyes	2603 SW 130th Terr.	Miramar, FL 33027

REINSTATEMENT 08-09

10-15-09 10-14-09 01022-009 **277.50

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

Date 10/8/2009

Daytime Phone # 954-548-7971

Typed or printed name of signing Managing Member/Manager

Edwin Reyes