

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

9-15-06
B 100-00

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 FEB 12 AM 10:53

DOCUMENT # **L05000094478**

1. Limited Liability Company's Name

FIDELMAR ROMERO, LLC
629 9th STREET
SHALIMAR, FL 32579

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

629 9th STREET

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

SHALIMAR, FL

City & State

Zip

32579

Country

OKHOOSA

Zip

Country

4. State/Country of Formation

FL

**5. Date Organized or Qualified
To Do Business in Florida**

9-26-05

6. FEI Number

20-3543926

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

FIDELMAR ROMERO

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

629 9th STREET

Suite, Apt. #, Etc.

City

SHALIMAR,

State

FL

Zip Code

32579

☒ 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.

qss

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

Fidelmar Romero Carranza
REGISTERED AGENT MUST SIGN

Date

1-24-2007

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	FIDELMAR ROMERO	629 9th ST, SHALIMAR, FL 32579	SHALIMAR, FL 32579

REINSTATEMENT 06-07

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02/15/07--01040--002 **100.00

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

Fidelmar Romero Carranza

Date

1-24-07

Daytime Phone #

(810) 458-9210

I typed or printed name of signing Managing Member/Manager

FIDELMAR ROMERO