

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT 17 PM 4:05

DOCUMENT # L005000100981

1. Limited Liability Company's Name

TILLY & SON, LLC

900110746159
10/12/07--01067--025 **150.00

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # 18301 NW 2nd COURT		3. Mailing Office Address 18301 NW 2nd COURT	
Suite, Apt. #, etc. 8		Suite, Apt. #, etc. 8	
City & State MIAMI GARDENS, FLORIDA		City & State MIAMI GARDENS, FLORIDA	
Zip 33169	Country USA	Zip 33169	Country USA

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida
10/04/2005

6. FEI Number
26-198350

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
PATRICK JOHNSON

Street Address (P.O. Box Number is Not Acceptable)
18301 NW 2nd COURT

Suite, Apt. #, Etc.
8

City
MIAMI GARDENS

State
FL

Zip Code
33169

☒ 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

REGISTERED AGENT MUST SIGN

Date **10/09/2007**

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	PATRICK JOHNSON	18301 NW 2nd COURT, SUITE 8	MIAMI GARDENS, FL 33169
MGR	CLAUDETTE JOHNSON	18301 NW 2nd COURT, SUITE 8	MIAMI GARDENS, FL 33169

REINSTATEMENT 2006-07

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 **10/09/2007**

Daytime Phone # **305-655-0013**

Typed or printed name of signing Managing Member/Manager **PATRICK JOHNSON**