

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Dec 31, 2007 8:00 A.M.
Secretary of State

DOCUMENT # L05000103243

1. Limited Liability Company's Name

MAGIC TOUCH LABOR SERVICE, LLC
240 HIDDEN SPRINGS CIRCLE
KISSIMMEE, FL 34743

500115416479
01/17/08--01042--005 **277.50

CR2E041 (12/07)

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

240 HIDDEN SPRINGS CIR

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

KISSIMMEE, FL

City & State

Zip

34743

Country

US

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

10-19-2005

6. FEI Number

APPLIED

☒ 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

DANILO F. CUNHA

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

240 HIDDEN SPRINGS CIRCLE

Suite, Apt. #, Etc.

City

KISSIMMEE

State

FL

Zip Code

34743

☒ 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

01/11/08

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
MEM	DANILO F. CUNHA	240 HIDDEN SPRINGS CIR	KISSIMMEE, FL 34743
MEM	CARLOS RICARDO SIQUEIRA	240 HIDDEN SPRINGS CIR	KISSIMMEE, FL 34743
	DEC 31, 2007		
	EXAMINER		

REINSTATEMENT 06-07

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

01/11/08

Daytime Phone #

321-217-5485

Typed or printed name of signing Managing Member/Manager

DANILO FERNANDES CUNHA