

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
DIVISION OF STATE CORPORATIONS

06 JUL 21 AM 11:42

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

L05000103607

1. Limited Liability Company's Name

WARSOVIA SERVICES LLC

2. Principal Office Address

97 LARIAT CIRCLE

Suite, Apt. #, etc.

City & State

BOCA RATON

Zip

FL

Country

33487

3. Mailing Office Address

97 LARIAT CIRCLE

Suite, Apt. #, etc.

City & State

BOCA RATON

Zip

FL

Country

33487

CR2E041 (8/05)

4. State/Country of Formation

FLORIDA / PALM BEACH CTY

5. Date Organized or Qualified
To Do Business in Florida

10-20-2005

6. FEI Number

20-4470824

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

JOHN SZALOBRYT

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

97 LARIAT CIRCLE

Suite, Apt. #, Etc.

000078286010

08/02/06--01064--033 **50 00

City

BOCA RATON

State

FL

Zip Code

33487

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]

REGISTERED AGENT MUST SIGN

Date 07/20/06

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
PRES.	JOHN SZALOBRYT	97 LARIAT CIRCLE	BOCA RATON, FL 33487

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 07/20/06

Daytime Phone #

Typed or printed name of signing Managing Member/Manager