

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L05000104027**

1. Limited Liability Company's Name

UVM Company, LLC.

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

2422 SAN PIETRO Circle

Suite, Apt. #, etc.

3. Mailing Office Address

2422 SAN PIETRO Circle

Suite, Apt. #, etc.

City & State

Palm Beach Gardens, FL

City & State

Palm Beach Gardens, FL

Zip

33410

Country

U.S.A.

Zip

33410

Country

U.S.A.

8. Name and Address of Current Registered Agent

Name

Michael HANZAS

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

2422 SAN PIETRO Circle

Suite, Apt. #, Etc.

City

PALM BEACH GARDENS

State

FL

Zip Code

33410

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

Michael T. Hanzas

Date

3/31/09

REGISTERED AGENT MUST SIGN

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
MGRM	Nicole CHAFF	2657 Ravella Lane	Palm Beach Gardens, FL 33410
MGRM	Michael HANZAS	2422 SAN PIETRO Circle	Palm Beach Gardens, FL 33410

REINSTATEMENT

2006-09

S. HAWKES

MAY 14 2009

EXAMINER

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

Michael T. Hanzas

Date

3/31/09

Daytime Phone #

339-0163
561-~~443351~~

Typed or printed name of signing Managing Member/Manager

Nicole CHAFF Michael HANZAS

FILED
09 MAY 12 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05/07/09--01011--002 **555.00

100155621341

05/07/09--01011--002 **555.00

CR2044 (T-008)

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified To Do Business in Florida

10/21/05

6. FEI Number

20-3882836

Applied For

Not Applicable

7.

CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required for a Certificate of Status

☒ 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.