

793.75

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**


FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000105186

1. Limited Liability Company's Name

APOGEE COMPUTER SYSTEMS AND SERVICES L.L.C

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

5700 Collins Ave

Suite, Apt. #, etc.

Suite 15E

City & State

Miami Beach, FL

Zip

33140

Country

USA

3. Mailing Office Address

6538 Collins Ave

Suite, Apt. #, etc.

Suite 477

City & State

Miami Beach, FL

Zip

33141

Country

usa

4. State/Country of Formation

Florida/Miami-Dade

5. Date Organized or Qualified
To Do Business in Florida

10/21/2005

6. FEI Number

71-0990390

☐ Applied For☐ Not Applicable7. CERTIFICATE OF STATUS DESIRED ☐\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Manuel Manning Salazar

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

5700 Collins Ave

Suite, Apt. #, Etc.

Suite 15E

City

Miami Beach

State

FL

Zip Code

33140

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 7/9/2010

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
Principal	Manuel Manning Salazar	5700 Collins Ave, #15E	Miami Beach, FL 33140

REINSTATEMENT

06/10
AL

11. E-mail Address: manning@apogeecomputers.com

(To be used for future annual report notifications)

12. 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 7/9/2010

Daytime Phone # 786-376-3315

Typed or printed name of signing Managing Member/Manager Manuel Manning Salazar