

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
TALLAHASSEE, FLORIDA

13 MAY 16 AM 11:42

DOCUMENT # **L05000106625**

1. Limited Liability Company's Name

VANESSA LLC

REINSTATEMENT 10-13

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #
233 WIND ROSE DRIVE

3. Mailing Office Address

6724 HANLEY RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO

City & State

TAMPA

Zip

32814

Country

USA

Zip

33624

Country

USA

4. State/Country of Formation

FL USA

5. Date Organized or Qualified
To Do Business in Florida

11/02/2005

6. FEI Number

51-0558686

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

ROSENDO ALMONTE

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

6724 HANLEY RD

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33624

E-mail Address:

500246400345
04/03/13--01030--005 **\$55.00
rosendo.almonte@gmail.com

(To be used for future annual report notices)

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

Date **03/28/2013**

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
MGR	ROSENDO ALMONTE	6724 HANLEY RD	TAMPA, FL 33624
MGR	ANA ALMONTE	6724 HANLEY RD	TAMPA, FL 33624

MAY 17 2013

T. CAULEY

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Rosendo Almonte

Date **03/28/2013**

Daytime Phone # **917-669-3783**

Typed or printed name of signing Managing Member/Manager **ROSENDO ALMONTE**