

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



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SECRETARY OF THE  
TALLAHASSEE, FLORIDA

CR2E041 (1/11)

12-13

4. State/Country of Formation  
Florida/US

5. Date Organized or Qualified To Do Business in Florida 11/14/2005

Country  
US

Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status

City  
Lakeland

State	Zip Code
<b>FL</b>	<b>33801</b>

# REINSTATEMENT

siuhungfan@yahoo.com

(To be used for future annual report notices)

**Signature of  
Registered Agent**

Date **October 22, 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
MGRM	Siuhung Fan	211 East Lime Street	Lakeland, FL 33801
			540253155785 10/28/13--01024--023 **437.50
			B. BOSTICK
			OCT 24 2013
			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. 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**

Date 10/22/2013 Daytime Phone # 863-683-4091

Typed or printed name of signing Managing Member/Manager Siuhung Fan