

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 MAR 12 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000115557

1. Limited Liability Company's Name

Empire Team Development, LLC.

CR2E041 (1/07)

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

107 E. Colonial Dr

Suite, Apt. #, etc.

Suite A

City & State

Orlando, FL

Zip

32803

Country

U.S.A

3. Mailing Office Address

3400 Coral way

Suite, Apt. #, etc.

6th floor

City & State

miami FL

Zip

33145

Country

U.S.A

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

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

Frank L. Diaz, PA

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

3400 Coral way

Suite, Apt. #, Etc.

6th floor

City

miami

State

FL

Zip Code

33145

☐ 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.

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

Frank Diaz

Date

3/7/07

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
<u>NGA</u>	<u>Allouche David</u>	<u>107 E. colonial Dr.</u>	<u>Orlando FL 32803.</u>
			<u>100092543171</u>
			<u>03/14/07--01045--018 **150.00</u>

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

Allouche David

Date

3/7/07

Daytime Phone #

305-766-8180

Typed or printed name of signing Managing Member/Manager

Allouche David