

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATION

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DOCUMENT # L05000116357

1. Limited Liability Company's Name

FULL GREEN CIRCLE LLC

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 9737 N.W. 41 STREET		3. Mailing Office Address 9737 N.W. 41 STREET	
Suite, Apt. #, etc. 609		Suite, Apt. #, etc. 609	
City & State DORAL, FL		City & State DORAL, FL	
Zip 33178	Country DADE	Zip 33178	Country DADE

4. State/Country of Formation FL MIAMI DADE	
5. Date Organized or Qualified To Do Business in Florida 12/06/05	
6. FEI Number 33-1127823	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name JOSE L. PRENDES			
Street Address (P.O. Box Number is Not Acceptable) 9737 N.W. 41 STREET			
Suite, Apt. #, Etc. 609			
City DORAL,	State FL	Zip Code 33178	

☒ 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

REGISTERED AGENT MUST SIGN

Date 04/21/08

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
PRES.	JOSE L. PRENDES	9737 N.W. 41 STREET SUITE #609	DORAL, FL 33178

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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

Date 04/21/08

Daytime Phone # 305-283-3579

Typed or printed name of signing Managing Member/Manager

JOSE L. PRENDES