

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 CORPORATIONS

08 JUN 20 AM 9:26

DOCUMENT # L05000121102

1. Limited Liability Company's Name

Metro4206 LLC

CR2E041 (12/07)

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

143 S. Sherrill St

Suite, Apt. #, etc.

3. Mailing Office Address

143 S. Sherrill St

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

Zip

33609

Country

USA

Zip

33609

Country

USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified  
To Do Business in Florida

12/20/2005

6. FEI Number

20-3963653

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

Elizabeth Calleja

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

143 S. Sherrill St

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33609

☐ 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

Elizabeth Calleja

REGISTERED AGENT MUST SIGN

Date 6/18/08

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
<u>Mgr</u>	<u>Elizabeth Calleja</u>	<u>143 S. Sherrill St</u>	<u>Tampa, FL 33609</u>
<u>Mgr</u>	<u>Luis Calleja</u>	<u>143 S. Sherrill St.</u>	<u>Tampa, FL 33609</u>

REINSTATEMENT

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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

Elizabeth Calleja

Date 6/18/08

Daytime Phone # 813 387-4700

Typed or printed name of signing Managing Member/Manager

Elizabeth Calleja