

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

08 NOV 26 AM 10:49

DOCUMENT # **L06000024448**

1. Limited Liability Company's Name

**Millenium Restaurant Equipment
and Contracting Limited Liability Company**

600137608836
11/04/08--01024--006 **238.00

600137608836
11/04/08--01024--007 **0.75

CR2E041 (10/08)

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

4214 Herloom Rose Place

Suite, Apt. #, etc.

3. Mailing Office Address

4214 Herloom Rose Place

Suite, Apt. #, etc.

City & State

Oviedo, FL

Zip

32766

Country

USA

City & State

Oviedo, FL

Zip

32766

Country

USA

4. State/Country of Formation

Florida, USA

**5. Date Organized or Qualified
To Do Business in Florida**

March, 8, 2006

6. FEI Number

20-4444611

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

Juan Carlos Cruz

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

4214 Herloom Rose Place

Suite, Apt. #, Etc.

City

Oviedo

State

FL

Zip Code

32766

☐ 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**

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/30/08

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
MGAM	Juan Carlos Cruz	4214 Herloom Rose Place Oviedo FL 32766	Oviedo, FL, 32766
MGBM	Melisa Cruz	4214 Herloom Rose Place	Oviedo, FL, 32766

700138367407
12/02/08--01012--008 **138.75

REINSTATEMENT

07-08

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**

[Signature]

Date

10/30/08

Daytime Phone #

407-595-5457

Typed or printed name of signing Managing Member/Manager

JUAN CARLOS CRUZ