

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

07 NOV 20 PM 2:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L0600030575

1. Limited Liability Company's Name

THELMA REAVES-ADAMS LLC

2. Principal Office Address - No P.O. Box #  
20020 N.W. 13TH AVE.

Suite, Apt. #, etc.

City & State  
MIAMI, FLORIDA

Zip  
33169

Country  
USA

3. Mailing Office Address  
20020 N.W. 13TH AVE.

Suite, Apt. #, etc.

City & State  
MIAMI, FLORIDA

Zip  
33169

Country  
USA

4. State/Country of Formation  
FLORIDA/UNITED STATES

5. Date Organized or Qualified  
To Do Business in Florida 3/31/2006

6. FEI Number  
20-4553063

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  
THE LAW OFFICES OF NICK SPRADLIN, PLLC

Street Address (P.O. Box Number is Not Acceptable)  
12000 N. DALE MABRY HIGHWAY

Suite, Apt. #, Etc.  
#110

City  
TAMPA

State  
FL

Zip Code  
33618

☒ 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 10/07/2007

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	THELMA REAVES-ADAMS	20020 N.W. 13TH AVE.	MIAMI, FLORIDA 33169
			10/22/07 01009 001
			* 50.00
		REINSTATEMENT	
		07	

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 11/13/07

Daytime Phone # 36-439-2683

Typed or printed name of signing Managing Member/Manager

THELMA REAVES-ADAMS MANAGING MEMBER