

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

10 APR 14 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000036233

1. Limited Liability Company's Name

Ramos Samalot Consulting, LLC

000175478520
04/13/10--01006--015 **\$55.00

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 290-174 th St.		3. Mailing Office Address P.O. Box 1610671	
Suite, Apt. #, etc. # m-19		Suite, Apt. #, etc.	
City & State Sunny Isko Beach, FL		City & State North miami, FL	
Zip 33160	Country USA	Zip 33261	Country USA

4. State/Country of Formation Florida, USA	
5. Date Organized or Qualified To Do Business in Florida April 6, 2006	
6. FEI Number 43-2102657	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$3.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Corporation Service Company			
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays St.			
Suite, Apt. #, Etc.			
City Tallahassee	State FL	Zip Code 32301	

☐ 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 606, F.S.	
Signature of Registered Agent 	Judith Harbaug, ASSISTANT Date 4/2/2010
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
MEM	Marylinda Ramos	290-174 th St. # m-19	Sunny Isko Beach FL 33160
	L. SELLERS		
	APR 15 2010		
	EXAMINER	REINSTATEMENT	67-2010

11. E-mail Address: mLRamos.RSC.LLC@ATT.NET <small>(To be used for future annual report notifications)</small>	
12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 606, 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 606.406, 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 4/2/2010 Daytime Phone # 305-879-5049
Typed or printed name of signing Managing Member/Manager	