

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000041727

1. Limited Liability Company's Name

Juan Pablo Carrasco-Moreno, LLC

2. Principal Office Address - No P.O. Box #
2726 Parma St

Suite, Apt. #, etc.

City & State
Sarasota, FL

Zip
34231

Country

3. Mailing Office Address
Same as Principle

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida 04/21/06

6. FEI Number

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 Pablo Carrasco-Moreno

Street Address (P.O. Box Number is Not Acceptable)
2726 Parma St

Suite, Apt. #, Etc.

City
Sarasota

State
FL

Zip Code
34231

☒ 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 V

Date

12-21-07

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
MGR	Juan Pablo Carrasco-Moreno	2726 Parma ST	Sarasota, FL. 34231

REINSTATEMENT 2 007-2 008

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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

12-21-07

Daytime Phone

(201) 421-8130

Typed or printed name of signing Managing Member/Manager

Juan Pablo Carrasco Moreno