

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

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CR2E041 (1/07)

DOCUMENT # 206000045536

1. Limited Liability Company's Name

SOLOMON OLOPADE-ARCHITECTURAL

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

3525 Commonwealth Av.

Suite, Apt. #, etc.

3. Mailing Office Address

3525 Commonwealth Av.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL.

City & State

JACKSONVILLE, FL.

Zip

32254

County

DUVAL

Zip

32254

County

DUVAL

4. State/Country of Formation

FLORIDA / DUVAL

5. Date Organized or Qualified  
To Do Business in Florida

03-03-2007

6. FEI Number

20-4406235

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

SOLOMON OLOPADE

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

3525 Commonwealth Avenue

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32254

☒ 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

*Solomon Olopad*

REGISTERED AGENT MUST SIGN

Date 10/10/07

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
MGRM	Solomon Olopad	3525 Commonwealth Av.	Jacksonville, FL 32254

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11/07/07--01033--012 \*\*50.00

REINSTATEMENT  
1007 2007

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

*Solomon Olopad*

Date

10/10/07

Daytime Phone #

904-381-0906

Typed or printed name of signing Managing Member/Manager