

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # L06000049795

1. Limited Liability Company's Name

St. Lucie County Warehouse, L.L.C.

2007 NOV -5 P 3: 30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/05/07--01002--012 **150.00

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # 21 NE 1st Court		3. Mailing Office Address 21 NE 1st Court	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Dania Beach, FL		City & State Dania Beach, FL	
Zip 33004	Country USA	Zip 33004	Country USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida May 15, 2006

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
Kurt Hair

Street Address (P.O. Box Number is Not Acceptable)
21 NE 1st Court

Suite, Apt. #, Etc.

City
Dania Beac State **FL** Zip Code **33004**

☐ 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 X Kurt Hair
REGISTERED AGENT MUST SIGN

Date 10-24-07

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
Manager	Kurt Hair	21 NE 1st Court	Dania Beach, FL 33004.

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11/05/07--01002--012 **150.00

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 X Kurt Hair Date 10-24-07 Daytime Phone # 954-605-8983

Typed or printed name of signing Managing Member/Manager Kurt Hair