	PLEASE REA	D ALL INST	RUCT	IONS BE	FORE C	OMPLETI	NG THIS	FORM.		
COMPANY REINSTATEMENT  COMPANY Secretary of State Division of Corporations						\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	OS NO.	Y 3 AMM.	) es	
DOCUMENT # L06000055278  1. Limited Liability Company's Name						OMPLETING THIS FORM.  OSNOV 3 ED  TALLAHARAN OF STATE  OFFICIAL ORIGA				
LOTS 4 LESS, LLC						500162153735 10/26/0901027007 **277.50 cr2e041 (10/08)				
•	I Office Address - No P.O. Box#	3. Mailing O								
4792 NN 109Th PAGGAGE 4792 NN			109t Passage			4. State/Country of Formation				
Suite, Apt. #, etc. Suite, Apt. #,			etc.			FLORIDA , USA  5. Date Organized or Qualified				
						To Do Business in Florida 05/30/2006				
City & State		City & State					6. FEI Number Applied For			
DORAL FLOMIDA  Zip Country		Zip	DORAL, FLORIDA  Zip Country			20-4957230			Not Applicable	
33176		33178		V5A		CERTIFICATE	OF STATUS DE		Additional Fee required Certificate of Status	
8. Name and Address of Current Registered Agent						\				
Name					<del></del>	<b>₽</b> A \$100	reinstaten	nent fee is im	posed, except	
	PEINCE PLINCE ress (P.O. Box Number is Not Accepta	ahla)		<u> </u>		in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were				
	NW 109th PAGGAGE									
Suite, Apt. #, Etc.						not received and requesting the \$100 reinstatement be waived.				
Doral				State Zip Code FL 33178			tement be v	vaived.		
9. I, being	appointed the registered agent of the	above named limited	d liability co	impany, am far	miliar with and	accept the obligat	ions of Chapte	r 608, F.S.		
Signature of Registered Agent Must sign							Dale Octuber 20th, 2009			
40	· O · · · · · · · · · · · · · · · · · ·			3,014						
10. Names and Street Addresses of Managing Members/Managers  Name of Street Address of Each Street Address of Each							City / Cyrta 17ip			
Titles	Managing Members/Man	Managing Member/Manage			ger City / State / Zip					
MGRM	ANDRE PRINCE, CPA		4792 NN 109Th PASSAGE			ht	DORAL,	FL 3317	8	
MGRN	randy Joseph	20340 SW 84TL AVENUE			VE	MIAWI	FL 3318	9		
Merm	JESSY SCHUSTER	<u>-</u>	2017	ONE 3º	ED COURT		MIAMI	1FL 331	19	
						<del>- 0 11/</del>	\ <del>                                     </del>			
	REINSTATEMENT					S. HAWKES				
	2668-01	I EME 9	NT	·			′ <b>- 4</b> 200	19		
11. I certify	y that I am managing member/manag	er or the receiver or	trustee em	powered to ex	ecute this appl	lication de Coll	IINER.	r 608, F.S. I furthe	r certify that when	
filing th all fees	nis reinstatement application the reasons owed by the limited liability company nade under oath.	n for dissolution has	been elimin	nated the limite	ed trability comp	anv name satisfie	s the requireme	ents of section 608	.4Ub, F.S. and that	
Signature of	f Member/Manager	/ !!!`—			_ Date _Oct	70 2009	Daytime Phone	# <u>(315)</u> 91	2-662	

ANDRE PRINCE

Typed or printed name of signing Managing Member/Manager