

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 JUN 22 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L06000059553**

1. Limited Liability Company's Name

FIRST UNIT, LLC

07

300182478143
06/22/10--01022--006 **660.00

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 300 Three Islands Blvd		3. Mailing Office Address 300 Three Islands Blvd	
Suite, Apt. #, etc. 1A		Suite, Apt. #, etc. 1A	
City & State Hallandale Beach, FL		City & State Hallandale Beach, FL	
Zip 33009	Country U.S.	Zip 33009	Country U.S.

4. State/Country of Formation FL / Broward	
5. Date Organized or Qualified To Do Business in Florida 06/08/2006	
6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name Travis Minor			
Street Address (P.O. Box Number is Not Acceptable) 300 Three Islands Blvd			
Suite, Apt. #, Etc. 1A			
City Hallandale Beach,	State FL	Zip Code 33009	

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

Date **06/21/2010**

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	Travis Minor	300 Three Islands Blvd 1A	Hallandale Bch, FL 33009
REINSTATEMENT 2007-2010 up 6/23/10			

11. E-mail Address: _____ (To be used for future annual report notifications)

12. 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 **06/21/10** Daytime Phone # **(954)661-3479**

Typed or printed name of signing Managing Member/Manager **Travis Minor**