

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000065081

1. Limited Liability Company's Name

SUPER IT TEK, LLC.

000176181660
04/19/10--01005--023 **282.50

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # <u>1231 SWAN AVE</u>		3. Mailing Office Address <u>1231 SWAN</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>MIAMI SPRINGS, FL</u>		City & State <u>MIAMI SPRINGS, FL</u>	
Zip <u>33166</u>	Country <u>USA</u>	Zip <u>33166</u>	Country <u>USA</u>

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

26-140727

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 <u>RAHON VELAZQUEZ</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>1231 SWAN AVE</u>			
Suite, Apt. #, Etc.			
City <u>MIAMI SPRINGS</u>	State <u>FL</u>	Zip Code <u>33166</u>	

☒ 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

Date 04/11/2010

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
<u>MEMBER</u>	<u>RAHON VELAZQUEZ</u>	<u>1231 SWAN AVE, MIAMI SPRINGS</u>	<u>FL 33166</u>

REINSTATEMENT

2008-10

416.25

133.75 owed

S. HAWKES

APR 19 2010

EXAMINER

000176181660

06/15/10--01024--005 **123.75

11. E-mail Address RVELAZQUEZ777@GMAIL.COM

(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 4/11/2010

Daytime Phone # 305-305-5134

Typed or printed name of signing Managing Member/Manager



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 20, 2010

SUPER IT TEK, LLC
1231 SWAN AVE
MIAMI SPRINGS, FL 33166

SUBJECT: SUPER IT TEK, LLC.
Ref. Number: L06000065081

We have received your document for SUPER IT TEK, LLC. and your check(s) totaling \$282.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: \$100 reinstatement fee; \$138.75 filing fee for current year. Therefore, the total amount due to reinstatement the limited liability company at this time is \$133.75.

Please include an additional \$5.00 for each certificate of status requested (optional).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 510A00009651