

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 OCT -6 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600161334436
10/05/09--01054--018 **382.50

CR2E041 (10/08)

DOCUMENT # L06000074174

1. Limited Liability Company's Name

Muirragui Enterprises, LLC

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

2881 S. Lookout Blvd

Suite, Apt. #, etc.

City & State

Port St. Lucie, FL

Zip

34984

Country

St. Lucie

3. Mailing Office Address

2881 S. Lookout Blvd

Suite, Apt. #, etc.

City & State

Port St. Lucie, FL

Zip

34984

Country

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

6. FEI Number

20-5283560

☐ 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

Richard A. Muirragui

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

2881 S. Lookout Blvd

Suite, Apt. #, Etc.

City

Port St. Lucie

State

FL

Zip Code

34984

☐ 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

Richard A. Muirragui
REGISTERED AGENT MUST SIGN

Date 10/01/2009

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
Pres	Richard A. Muirragui	2881 S. Lookout Blvd	Port St. Lucie, FL 34984
COO	Linda C. Muirragui	2881 S. Lookout Blvd	Port St. Lucie, FL 34984

REINSTATEMENT

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

Richard A. Muirragui

Date 10/01/2009

Daytime Phone# 703-928-3103

Typed or printed name of signing Managing Member/Manager

RICHARD A. MUIRRAGUI