

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 SEP 22 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600160735166
09/16/09--01044--005 **421.25

CR2E041 (10/08)

DOCUMENT # L06000085624

1. Limited Liability Company's Name

SPLENDOR CENTER, LLC

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

7708 MARGATE BLVD # 3-10

Suite, Apt. #, etc.

HOUSE 3-10

City & State

MARGATE, FLORIDA

Zip

33063

Country

USA

3. Mailing Office Address

7708 MARGATE BLVD # 3-10

Suite, Apt. #, etc.

HOUSE 3-10

City & State

MARGATE, FLORIDA

Zip

33063

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida **09/14/2007**

6. FEI Number

20-5474630

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

YEDEXCOL SERVICES CORP

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

970 CORAL RIDGE DR

Suite, Apt. #, Etc.

102

City

CORAL SPRINGS

State

FL

Zip Code

33071

☒ 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 **09/04/2009**

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
MGR	GLORIA P. JARAMILLO	7708 MARGATE BLVD # 3-10	MARGATE/FLORIDA/33063
DO	FRANCISCO J SANDOVAL	CARRERA 44 # 6A-88	CALI / VALLE / COLOMBIA
S	CARLOS SANUDO	15413 SW 8 LN	MIAMI / FL / 33194

REINSTATEMENT 07-09

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

Date **09/04/2009**

Daytime Phone # **954-8957647**

Typed or printed name of signing Managing Member/Manager

Gloria Jaramillo

C.S.