

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name **VANEVANE COMPANY, LLC**
L06000091414

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

18941 NW 10th STREET

Suite, Apt. #, etc.

City & State

PIERBROOK PINES, FL

Zip

33024-2126

Country

U S

3. Mailing Office Address

18941 NW 10th STREET

Suite, Apt. #, etc.

City & State

PIERBROOK PINES, FL

Zip

33024-2126

Country

U S

4. State/Country of Formation

FLORIDA/BROWARD

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

09/18/2006

6. FEI Number

20-SS60676

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

ALAN IGLIAS

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

18941 NW 10th STREET

Suite, Apt. #, Etc.

City

PIERBROOK PINES

State

FL

Zip Code

33024-2126

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

Alan Iglesias

REGISTERED AGENT MUST SIGN

Date **10/30/09**

☒ 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.

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	ALAN IGLIAS	18941 NW 10 th STREET PIERBROOK PINES, FL 33024-2126	

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

Alan Iglesias

Date **10/30/09**

Daytime Phone #

813-602-0637

Typed or printed name of signing Managing Member/Manager

ALAN IGLIAS