

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

10 JAN 25 PM 4:12

DOCUMENT #

1. Limited Liability Company's Name

TAXFL INVESTMENTS LLC

REINSTATEMENT 2007-ID JSN

600166849406
01/21/10--01037--024 **\$55.00
CR2E041 (11/09)

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

7710 ARBLE DR

Suite, Apt. #, etc

3. Mailing Office Address

7710 ARBLE DR

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32211

Country

USA

City & State

JACKSONVILLE, FL

Zip

32211

Country

USA

4. State/Country of Formation

FL, USA

5. Date Organized or Qualified
To Do Business in Florida

09/22/2006

6. FEI Number

☒ 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

PETER PESTANO

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

6424 PINELOCK DR

Suite, Apt. #, Etc.

JACKSONVILLE, FL

City

JACKSONVILLE, FL

State

FL

Zip Code

32216

☐ 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

P. Pestano

REGISTERED AGENT MUST SIGN

Date **1/18/10**

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	PETER PESTANO	6424 PINELOCK DR	JACKSONVILLE, FL, 32216
ST	PETER PESTANO	6424 PINELOCK DR	JACKSONVILLE, FL, 32216

11. E-mail Address: **PETERPESTANO@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

P. Pestano

Date

1/18/10

Daytime Phone #

904-463-6902

Typed or printed name of signing Managing Member/Manager