

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000097516

1. Limited Liability Company's Name

Ricardo Antonio Lima, LLC

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

174 JAGUST RD

Suite, Apt. #, etc.

City & State

North Port, FL

Zip

34288

Country

USA

3. Mailing Office Address

Same as principle

Suite, Apt. #, etc.

City & State

Zip

Country

FILED

08 FEB 12 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

10/5/06

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

Ricardo Antonio Lima

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

1764 JAGUST RD

Suite, Apt. #, Etc.

City

North Port

State

FL

Zip Code

34288

☒ 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

1-14-08

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	Ricardo Antonio Lima	1764 JAGUST RD	North Port, FL. 34288
		300118440213	
		02/20/08--01022--013 **277.50	
		REINSTATEMENT 2007-2008	

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

1-14-08

Daytime Phone #

941-875-3419

Typed or printed name of signing Managing Member/Manager

Ricardo Antonio Lima