

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

07 NOV - 7 PM 1:52

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # L06000098239

1. Limited Liability Company's Name

Andrades, DeJesus & Associates, LLC.

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

9220 Bonita Beach Rd

Suite, Apt. #, etc.

Suite 106

City & State

Bonita Springs, FL

Zip

34135

Country

U.S.

3. Mailing Office Address

19014 Coconut Rd

Suite, Apt. #, etc.

—

City & State

Fort Myers, FL

Zip

33967

Country

U.S.

4. State/Country of Formation

Florida, U.S.

5. Date Organized or Qualified  
To Do Business in Florida

10-09-2006

6. FEI Number

57-1241994

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

Aurelia Andrade

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

27525 Pinecrest Ln.

Suite, Apt. #, Etc.

City

Bonita Springs, FL

State

FL

Zip Code

34135

☐ 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

*Aurelia Andrade*

REGISTERED AGENT MUST SIGN

Date 11/5/07

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
mgrm	Aurelia Andrade	27525 Pinecrest Ln.	Bonita Springs, FL 34135
mgrm	Evelyn DeJesus	19014 Coconut Rd.	Fort Myers, FL 33967
			900112130079 11/08/07--01051--020 **150.00

**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

*Aurelia Andrade*

Date 11/5/07

Daytime Phone # 239-495-3719

Typed or printed name of signing Managing Member/Manager

Aurelia Andrade