

Pg 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 DEC 23 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA400139093344
12/17/08--01019--001 **277.50

CR2E041 (10/08)

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT

L016-104629

1. Limited Liability Company's Name

Raymond Ortiz, LLC

9/14/07

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

11500 Summit West Blvd.

3. Mailing Office Address

11500 Summit West Blvd.

Suite, Apt. #, etc.

Apt. 5D

Suite, Apt. #, etc.

Apt. 5D

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33617

Country

USA

Zip

33617

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

10-26-06

6. FEI Number

Applied For

☒ Not Applicable7. CERTIFICATE OF STATUS DESIRED ☐\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Raymond Ortiz

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

11500 Summit West Blvd.

Suite, Apt. #, Etc.

Apt. 5D

City

Tampa

State

FL

Zip Code

33617

☒ 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

12-14-08

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	Raymond Ortiz	11500 Summit West Blvd., Apt. 5D	Tampa, FL 33617

REINSTATEMENT 2007-2008

Without Penalty up to 12/23

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

12-14-08

Daytime Phone #

(813) 446-0041

Typed or printed name of signing Managing Member/Manager Raymond Ortiz

Pg 2 of 2

Raymond Ortiz, LLC
11500 Summit West Blvd. Apt. 5D
Tampa, FL 33617

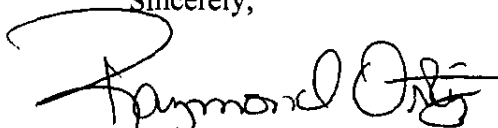
December 11, 2008

To Whom It May Concern:

I did not receive any Annual Report notices due to the fact that I moved. I would like to reinstate my Limited Liability Corporation.

Thanking you in advance for your assistance.

Sincerely,

A handwritten signature in black ink, appearing to read "Raymond Ortiz". The signature is stylized with a large, sweeping initial "R" and a horizontal line extending from the end of the name.

Raymond Ortiz
Raymond Ortiz, LLC