

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L6000105603

1. Limited Liability Company's Name

SUITE 105, LLC

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

817 SOUTH UNIVERSITY DRIVE

Suite, Apt. #, etc.

SUITE 105

City & State

PLANTATION, FL

Zip

33324

Country

BROWARD

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

BROWARD

5. Date Organized or Qualified

To Do Business in Florida 10/31/06

6. FEI Number

20-5834666

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

LISA HUSEBOE

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

817 SOUTH UNIVERSITY DRIVE

Suite, Apt. #, Etc.

SUITE 105

City

PLANTATION

State

FL

Zip Code

33324

☐ 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 5/21/09

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	LISA HUSEBOE	817 S UNIVERSITY DR STE105	PLANTATION, FL 33324
mgr	SERGIO TRIANA	817 S UNIVERSITY DR STE 105	PLANTATION, FL 33324

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

5/24/09

Daytime Phone #

954 424 9724

Typed or printed name of signing Managing Member/Manager

Dr. Lisa Huseboe