

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000119861

1. Limited Liability Company's Name

FLO-LOU, LLC

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

14549 Glencairn Rd

Suite, Apt. #, etc.

City & State

Miami Lakes, FL

Zip

33016

Country

USA

3. Mailing Office Address

14549 Glencairn Rd

Suite, Apt. #, etc.

City & State

Miami Lakes, FL

Zip

33016

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

12/15/06

6. FEI Number

591431257

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

LINDA Riccobono

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

1656 W 80 St

Suite, Apt. #, Etc

City

Hialeah

State

FL

Zip Code

33014

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

Linda Riccobono

REGISTERED AGENT MUST SIGN

Date 3-4-10

☒ 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.

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	Florence GARCIA	14549 Glencairn Rd	Miami Lakes FL 33016
MGRM	Linda Riccobono	1656 W 80 St	Hialeah, FL 33014

REINSTATEMENT 08/10
AL

11. E-mail Address: LINDA @ LOUSPOLICE.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

Linda Riccobono

Date 3-4-10

Daytime Phone #

305 527-1808

Typed or printed name of signing Managing Member/Manager

LINDA Riccobono