

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000011900

1. Limited Liability Company's Name

VNA, LLC

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

1447 Arbitus Circle

Suite, Apt. #, etc.

3. Mailing Office Address

1447 Arbitus Circle

Suite, Apt. #, etc.

City & State

Oviedo

City & State

Oviedo, FL

Zip

32765

Country

USA

Zip

32765

Country

32765

8. Name and Address of Current Registered Agent

Name
Victor Rivera

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

1447 Arbitus Circle

Suite, Apt. #, Etc.

City

Oviedo

State

FL

Zip Code

32765

FILED

11 MAR 11 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900196410929
03/01/11--01019--029 **377.50

CR2E041 (1/11)

09-11

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified

To Do Business in Florida 01/31/07

6. FEI Number

208402394

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

E-mail Address:

300197908383
03/15/11--01012--018 **138.75

linamariagr@hotmail.com

(To be used for future annual report notices)

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

Date

REGISTERED AGENT MUST SIGN

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	VICTOR RIVERA	1447 Arbitus Circle	Oviedo, FL 32765

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Date 02/24/11

Daytime Phone # 407-256-3394

Typed or printed name of signing Managing Member/Manager VICTOR RIVERA