

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR -9 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000017142

1. Limited Liability Company's Name

Uniflorida, LLC

800174812298
04/07/10--01007--006 **416.25

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 10225 Collins Avenue		3. Mailing Office Address 10225 Collins Avenue	
Suite, Apt. #, etc. #2002		Suite, Apt. #, etc. #2002	
City & State Bal Harbour, FL		City & State Bal Harbour, FL	
Zip 33154	Country US	Zip 33154	Country US

4. State/Country of Formation

FLORIDA, US

5. Date Organized or Qualified
To Do Business in Florida

2/14/07

6. FEI Number

0 33-1156061

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

RICHARD A. GOLDEN

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

1175 NE 125th Street

Suite, Apt. #, Etc.

Suite 512

City

North Miami

State

FL

Zip Code

33161

☒ 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 3/31/10

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	HABIB S. LEVY	10225 Collins Avenue, #2002	Bal Harbour, FL 33154
MGR	SARA LEVY	10225 Collins Avenue, #2002	Bal Harbour, FL 33154

REINSTATEMENT 08-10

11. E-mail Address: jlevyc@hotmail.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

Date 4-1-2010

Daytime Phone # 011 58212 7931492

Typed or printed name of signing Managing Member/Manager HABIB LEVY

APR 12 2010