

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2011 SEP 19 AM 9:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **LO7000037470**

1. Limited Liability Company's Name

**Soho Planet, LLC**

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

**4812 N State Rd 7  
Coconut Creek, FL 33073**

Suite, Apt. #, etc.

**203**

City & State

**Coconut Creek, FL**

Zip

**33073**

Country

**US**

3. Mailing Office Address

**4812 N State Rd 7  
Coconut Creek, FL 33073**

Suite, Apt. #, etc.

**203**

City & State

**Coconut Creek, FL**

Zip

**33073**

Country

**US**

4. State/Country of Formation

**Florida / US**

5. Date Organized or Qualified  
To Do Business in Florida

**4/9/2007**

6. FEI Number

**27-4629978**

☒ 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

**Ryan Cole**

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

**4812 N State Rd 7**

Suite, Apt. #, Etc.

**203**

City

**Coconut Creek**

State

**FL**

Zip Code

**33073**

**600212329256**  
09/20/11--01004--004 \*\*377.50

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

**Ryan Cole**

REGISTERED AGENT MUST SIGN

Date **1/24/2011**

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	Ryan Cole	4812 N State Rd 7	Coconut Creek, FL 33073
Mgr	Chandan Shrestha	4812 N State Rd 7	Coconut Creek, FL 33073
Mgr	Maria Luisa Ros	4812 N State Rd 7	Coconut Creek, FL 33073
<b>REINSTATEMENT - 2010 - 2011</b>			

11. E-mail Address: **ryancode@vasolutions.net**

(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

**Ryan Cole**

Date **1/24/2011**

Daytime Phone # **954-478-1060**

Typed or printed name of signing Managing Member/Manager

**CC**

**377.50 to reinstate**