

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2010 JUN 17 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200182091612
06/15/10--01013--008 **516.25

CR2E041 (05/10)

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000045715

1. Limited Liability Company's Name

Expert Credit Repair and Identity Theft Protection, LLC

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

140 NE 2nd Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

140 NE 2nd Avenue

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33132

Country

USA

Zip

33132

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified

To Do Business in Florida 04/30/2007

6. FEI Number

☒ 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

Law Offices of Christopher H. Saia, P.A.

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

140 NE 2nd Avenue

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33132

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 6/4/10

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
MGR	Luis Miguel Valles	756 NW 170 Terrace	Pembroke Pines, FL 33028

REINSTATEMENT 08/10 AL

11. E-mail Address

(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

Luis Valles

Date 6/4/10

Daytime Phone # 786 423 7109

Typed or printed name of signing Managing Member/Manager