

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 DEC -2 AM 11:28

DOCUMENT # L07000078982

1. Limited Liability Company's Name

RA LEZCANO LLC

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

125 W Keen St

Suite, Apt. #, etc.

City & State

Kissimmee, FL

Zip

34741

Country

US

3. Mailing Office Address

125 W Keen St

Suite, Apt. #, etc.

City & State

Kissimmee, FL

Zip

34741

Country

US

CR2E041 (11/09)

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

08/01/07

6. FEI Number

26-0627346

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

REINER A. LEZCANO

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

3533 AMACA CIRCLE

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32837

☒ 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

*Reiner A. Lezcano*

REGISTERED AGENT MUST SIGN

Date 11/23/09

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	REINER A. LEZCANO	3533 AMACA CIR	ORLANDO, FL 32837

REINSTATEMENT

2008, 2009

700163194887

11/30/09-01073-012 \*\*277.50

11. E-mail Address: *realservicecenter@aol.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

*Reiner A. Lezcano*

Date 11/23/09

Daytime Phone # 321 697 0005

Typed or printed name of signing Managing Member/Manager REINER A. LEZCANO

T. Hampton DEC - 3 2009