

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000092552

1. Limited Liability Company's Name

USA ENTERPRISE GENERAL SERVICES, LLC.

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

141 SE 7TH AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

141 SE 7TH AVENUE

Suite, Apt. #, etc.

City & State

POMPANO BEACH

City & State

POMPANO BEACH

Zip

33060

Country

BROWARD

Zip

33060

Country

BROWARD

4. State/Country of Formation

FLORIDA/ USA

5. Date Organized or Qualified

To Do Business in Florida **09/10/2007**

6. FEI Number

26-0874940

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

JOSE ROBERTO ANSELMO

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

141 SE 7TH AVENUE

Suite, Apt. #, Etc.

City

POMPANO BEACH

State

FL

Zip Code

33060

☒ 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 **11/02/2009**

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	JOSE ROBERTO ANSELMO	141 SE 7TH AVENUE	POMPANO BEACH, FL 33060
MGRM	SIMONE SERGIO GOULARDINS	141 SE 7TH AVENUE	POMPANO BEACH, FL 33060
MGRM	CARLOS S BURD	141 SE 7TH AVENUE	POMPANO BAECH, FL 33060
			S. HAWKES
			NOV 16 2009
			EXAMINER

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.

Signature of
Managing Member/Manager

Date **11/02/2009**

Daytime Phone # **954-788-1818**

Typed or printed name of signing Managing Member/Manager **JOSE ROBERTO ANSELMO**

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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