

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 JUL -8 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000096819

1. Limited Liability Company's Name

Floritas, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #
2405 EF Griffin Rd.

Suite, Apt. #, etc
#10

City & State
Bartow, FL

Zip Country
33830 USA

3. Mailing Office Address
3003 S. Combee Rd.

Suite, Apt. #, etc.

City & State
Lakeland, FL

Zip Country
33803 USA

4. State/Country of Formation
Florida, USA

5. Date Organized or Qualified
To Do Business in Florida **September 2008**

6. FEI Number **26-1785980** ☐ 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
James Joseph

Street Address (P.O. Box Number is Not Acceptable)
3003 S. Combee Rd.

Suite, Apt. #, Etc.

City State Zip Code
Lakeland FL 33803

E-mail Address:

300209777053
07/08/11--01019--009 **516.25

(To be used for future annual report notices)

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

REINSTATEMENT

Date

09/11/11

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	James Joseph	3003 S. Combee Rd.	Lakeland, FL 33803
MGRM	Victor Cuellar	2405 EF Griffin Rd. #10	Bartow, FL 33830
MGRM	Philip K. Joseph	3003 S. Combee Rd.	Lakeland, FL 33803
MGRM	Varghese K. Joseph	3003 S. Combee Rd.	Lakeland, FL 33803
MGRM	Kuruvilla Joseph	3003 S. Combee Rd.	Lakeland, FL 33803
MGRM	Jason George	2405 EF Griffin Rd. #10	Bartow, FL 33803

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

James K. Joseph

Date

7/5/11

Daytime Phone #

863-665-2800

Typed or printed name of signing Managing Member/Manager