

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000106000

1. Limited Liability Company's Name

LILAH, LLC.

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

800 CARDINAL PLACE
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 772586
Suite, Apt. #, etc.

City & State

KISSIMMEE FL.

City & State

ORLANDO FL.

Zip

Country

34759

POK.

Zip

Country

32877-2586 ORANGE

8. Name and Address of Current Registered Agent

Name

LILAH, LLC

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

800 CARDINAL PLACE

Suite, Apt. #, Etc.

City

KISSIMMEE

State

FL

Zip Code

34759

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

Lily A. Martinez M.L.R.

REGISTERED AGENT MUST SIGN

Date 1-26-2010

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	Lily A. Martinez	800 CARDINAL PLACE	KISSIMMEE FL 34759

11. E-mail Address: LILAH5.design@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

Lily A. Martinez

Date 1-26-2010

Daytime Phone #

787-220-5343

Typed or printed name of signing Managing Member/Manager

Lily A. Martinez

FILED

2010 FEB -2 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E041 (11/09)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida

10-18-2007

6. FEI Number

41-2255278

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required for a Certificate of Status

☒ 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.

REINSTATEMENT 08-10
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