

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 CORPORATION

09 DEC 22 PM 2:31

DOCUMENT # - L007000115799

1. Limited Liability Company's Name

Patinar Maquina, LLC

700163885097
12/22/09--01006--010 **238.75

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #
700 W New York ave

3. Mailing Office Address
700 W New York ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orange City, FL

City & State

Orange City, FL

Zip

32763

Country

USA

Zip

32763

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

11/15/07

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
Alexander Kenneth Hall

Street Address (P.O. Box Number is Not Acceptable)
700 W New York ave.

Suite, Apt. #, Etc.

City
Orange City

State
FL

Zip Code
32763

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

Alexander Kenneth Hall
REGISTERED AGENT MUST SIGN

Date 12/10/09

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
MGR	Alexander Hall	700 W New York ave	Orange City FL, 32763

700163885097
01/15/10--01006--010 **38.75

REINSTATEMENT 2008-09 Jan

11. E-mail Address: green2machine@hotmail.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

Alexander Kenneth Hall

Date 12/10/09

Daytime Phone (386) 561-7565

Typed or printed name of signing Managing Member/Manager

27750