

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 OCT -7 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000127059

1. Limited Liability Company's Name

Yokoyama Enterprises, L.L.C.

800213051178
10/07/11--01033--004 **516.25
CR2E041 (1/11)

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

55 Velma Drive

Suite, Apt. #, etc.

3. Mailing Office Address

55 Velma Drive

Suite, Apt. #, etc.

City & State

Largo, FL 33770

City & State

Largo, FL 33770

Zip

33770

Country

Pinellas

Zip

33770

Country

Pinellas

4. State/Country of Formation

Pinellas

5. Date Organized or Qualified
To Do Business in Florida

05/12/08

6. FEI Number

33-1274884

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

Diane S. Williams, Esq.

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

204 37th Avenue North

Suite, Apt. #, Etc.

Ste 315

City

St. Petersburg

State

FL

Zip Code

33704

E-mail Address:

dwilli3@hotmail.com

(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

Diane S. Williams

Date

09/13/2011

REGISTERED AGENT MUST SIGN

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.	Yokoyama, Alan Dale	55 Velma Drive	Largo, FL 33770

REINSTATEMENT 09-11

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

Alan Yokoyama

Date

9-28-11

Daytime Phone #

727-385-0555

Typed or printed name of signing Managing Member/Manager

N. Culligan OCT 10 2011