

L08000011228

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 CORPORATIONS 10 FEB 19 AM 9:07

DOCUMENT # L08000011228

1. Limited Liability Company's Name

LAKICHAN B PERSAD, LLC

PK

900169894459 02/22/10--01001--005 **277.50

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

3607 ALABAMA CREEK ST.

Suite, Apt. #, etc.

City & State

Plant City, FL

Zip

Country

93567

3. Mailing Office Address

JAME AS MAILING

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E041 (11/09)

4. State/Country of Formation

FL USA

5. Date Organized or Qualified To Do Business in Florida

1/3/08

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

LAKICHAN B PERSAD

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

3607 ALABAMA CREEK ST

Suite, Apt. #, Etc.

City

Plant City

State

FL

Zip Code

93567

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

2-9-10

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
MSB	LAKICHAN PERSAD	3607 ALABAMA CREEK ST.	Plant City, FL 33567

REINSTATEMENT 2009-2010

11. E-mail Address:

(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

[Signature]

Date

2-9-10

Daytime Phone #

813-753-8801

Typed or printed name of signing Managing Member/Manager