

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 MAY 22 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L08000031768

1. Limited Liability Company's Name
Victor Villanueva Ramos LLC

CR2E041 (11/10)

2. Principal Office Address - No P.O. Box # 726 ARKANSAS ST.		3. Mailing Office Address same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tallahassee, FL		City & State	
Zip 32304	Country	Zip	Country

4. State/Country of Formation FL/USA	
5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number 800-5180-25	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name: Victor Villanueva Ramos

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

Suite, Apt. #, Etc.: 726 ARKANSAS ST

City: Tallahassee FL State: FL Zip Code:

300235406743
05/22/12--01015--005 **500.00

300235406743
05/22/12--01015--005 **16.25

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]* Date: 05/22/12

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
	Victor Villanueva	726 Arkansas St.	Tallahassee, FL 32304
REINSTATEMENT 10-12			

11. E-mail Address: vic@du16@hotmail.com (To be used for future annual report notifications)

12. I certify that I am a 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: *[Signature]* Date: 5/22/12 Daytime Phone #: (853) 363-7742

Typed or printed name of signing Managing Member/Manager

MAY 22 2012