

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT
2011-2014



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 JUL 25 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L080000063178

1. Limited Liability Company's Name

Baldrich & Associates, LLC

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

310 SW 134TH AVE

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33184

Country

U.S.

3. Mailing Office Address

310 SW 134TH AVE

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33184

Country

U.S.

CR2E041 (1/14)

4. State/Country of Formation

Florida / U.S.

5. Date Organized or Qualified
To Do Business in Florida

06/27/2008

6. FEI Number

262880847

☒ 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

Zeyda Baldreich

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

310 SW 134TH AVENUE

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33184

900262679239
07/25/14--01021--016 **555.00

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Zeyda Baldreich

REGISTERED AGENT MUST SIGN

Date

07/14/2014

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
President	Zeyda Baldreich	310 SW 134 TH AVE	Miami, FL 33184

11. E-mail Address: zeyda-baldreich@yahoo.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Zeyda Baldreich

Date

07/14/2014

Daytime Phone

(305) 720-4031

Typed or printed name of signing Authorized Representative/Manager

Zeyda Baldreich