

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L08000064538

1. Limited Liability Company's Name

Vieira Funeral Homes, LLC

2. Principal Office Address - No P.O. Box #
1689 S. Patrick Dr.

Suite, Apt. #, etc.

City & State

Indian Harbor Beach, FL

Zip

32937

Country

USA

3. Mailing Office Address

1689 S. Patrick Dr.

Suite, Apt. #, etc.

City & State

Indian Harbor Beach, FL

Zip

32937

Country

USA

4. State/Country of Formation

Florida/Brevard

5. Date Organized or Qualified

To Do Business in Florida **07/02/2008**

6. FEI Number

26-2925499

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 **Isabel Vieira**

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

1689 S. Patrick Dr.

Suite, Apt. #, Etc.

City

Indian Harbor Beach

State

FL

Zip Code

32963

E-mail Address:

600238125836
08/03/12--01029--004 **382.50

izabelv@aol.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

Date

8/2/2012

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
MGRM	Manuel Vieira	1689 S. Patrick Dr.	Indian Harbor Beach, FL 32937
MGMR	Isabel Vieira	1689 S. Patrick Dr.	Indian Harbor Beach, FL 32937

REINSTATEMENT
2011-2012

J. SAULSBERRY
EXAMINER

AUG 9 2012

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

Date **08/02/2012**

Daytime Phone # **(321) 751-6012**

Typed or printed name of signing Managing Member/Manager **Isabel Vieira**