

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

10 APR -9 PM 12:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

LD800011484

**1. Limited Liability Company's Name**

F.A.T.T. GROUP LLC

800174812378  
04/07/10--01007--008 \*\*277.50  
CR2E041 (11/09)

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

55 SE 6th St.

**Suite, Apt. #, etc.**

# 3110

**City & State**

MIAMI FL

**Zip**

33131

**Country**

MIAMI-DADE

**3. Mailing Office Address**

55 SE 6th St.

**Suite, Apt. #, etc.**

# 3110

**City & State**

MIAMI FL

**Zip**

33131

**Country**

MIAMI-DADE

**4. State/Country of Formation**

FLORIDA

**5. Date Organized or Qualified  
To Do Business in Florida**

12/17/2008

**6. FEI Number**

26-3892641

**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**

TADEU FERREIRA

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

55 SE 6th St.

**Suite, Apt. #, Etc.**

3110

**City**

MIAMI

**State**

FL

**Zip Code**

33131

☒ 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.

EXAMINER

**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**

04/01/10

**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
MEM	TADEU FERREIRA	55 SE 6th St. #3110	MIAMI FL, 33131
"	THADEU DIZ	55 SE 6th St. #3110	MIAMI FL, 33131
"	FELIPE DIZ	55 SE 6th St. #3110	MIAMI FL, 33131
"	ANTONIO BRITO	55 SE 6th St. #3110	MIAMI FL, 33131

REINSTATEMENT

09/2010

**11. E-mail Address:** fadeu\_f@hotmail.com

(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**

**Daytime Phone #**

305-343-2937

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

TADEU FERREIRA