

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT
2014



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 MAR 06 AM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

LO8000115650
IND-W-Matic Vending LLC

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

26645 Middle Ground Ln.

Suite, Apt. #, etc.

City & State

Wesley Chapel, FL

Zip

33544

Country

Pasco

3. Mailing Office Address

26645 Middle Ground Ln.

Suite, Apt. #, etc.

City & State

Wesley Chapel, FL

Zip

33544

Country

Pasco

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

Dec. 19, 2008

6. FEI Number

26-3907171

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (1/14)

8. Name and Address of Current Registered Agent

Name

Stella Piersall

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

12620 Curley Rd

Suite, Apt. #, Etc.

Suite 103

City

San Antonio,

State

FL

Zip Code

78149

100257490771
03/06/14--01003--005 **\$38.75

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

Stella Piersall

REGISTERED AGENT MUST SIGN

Date 2/28/14

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
Mgr.	Sarlaben Patel	26645 Middle Ground Ln.	Wesley Chapel, FL 33544

11. E-mail Address:

jayjivan2@aol.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

SARABEN J. PATEL

Date

2/28/14

Daytime Phone #

813-404-9406

Typed or printed name of signing Authorized Representative/Manager