

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
13 MAR 22 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L09000011398
1. Limited Liability Company's Name
Velez and Associate LLC

REINSTATEMENT 10-13
CR2E04

2. Principal Office Address - No P.O. Box # <u>4716 NW 6th Court</u>		3. Mailing Office Address <u>Same</u>	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State <u>Plantation FL</u>		City & State	
Zip <u>33317</u>	Country	Zip	Country

4. State/Country of Formation <u>Florida</u>	
5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number <u>26-4183022</u>	Applied For Not Applicable
7. 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
Maritza Velez

Street Address (P.O. Box Number is Not Acceptable)
4716 NW 6th Court

Suite, Apt #, Etc.

City
Plantation

State FL Zip Code 33317

E-mail Address:
400295394394
03/22/13--01031--027 **655.00
Mari Velez@hotmail.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 Maritza Velez Date 02-17-2013
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
MM	Maritza Velez	4716 NW 6 th Court	Plantation FL 33317

MAR 22 2013
S. TONER

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 Maritza Velez Date 02-17-2013 Daytime Phone # 954-882-3268
Typed or printed name of signing Managing Member/Manager Maritza Velez MM