

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2011 DEC 27 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L09000014800

1. Limited Liability Company's Name

VINTAGE 894 LLC

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

3103 renaissance way

Suite, Apt. #, etc.

3. Mailing Office Address

4615 S. JOE RD

Suite, Apt. #, etc.

City & State

BOYNTON BEACH FL

City & State

GREENACRES FL

Zip

33426

Country

Zip

33467

Country

USA

4. State/Country of Formation

USA

5. Date Organized or Qualified
To Do Business in Florida

2-13-2009

6. FEI Number

NA

☐ 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

PIERRE TUCKER

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

3103 renaissance way

Suite, Apt. #, Etc.

City

BOYNTON BEACH

State

FL

Zip Code

33426

E-mail Address:

100215580681

12/28/11--01002--020 **377.50

THE 894 SPOT (@YAHOO.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 DEC 27 2011

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	Pierre Tucker	3103 renaissance way	BOYNTON BEACH FL 33426
	REINSTATEMENT - 2010 & 2011		

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 DEC 27 2011

Daytime Phone # 561-213-4008

Typed or printed name of signing Managing Member/Manager

CT