

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L09000017960

1. Limited Liability Company's Name

**Please Reduce My Debt LLC.**

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

757 SE 17 Street Suite #654

Suite, Apt. #, etc.

Suite #654

City & State

Ft. Lauderdale, FL.

Zip

33316

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

**FILED**

12 MAY 15 AM 10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (1/11)

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified  
To Do Business in Florida

02/23/2009

6. FEI Number

264319671

☐ 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

Michael A. Sanchez

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

757 SE 17 Street Suite #654

Suite, Apt. #, Etc.

Suite #654

City

Ft. Lauderdale

State

FL

Zip Code

33316

E-mail Address:

900234912119  
05/10/12--01005--001 \*\*382.50

m.sanchezprmd@gmail.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

*Michael Sanchez*  
REGISTERED AGENT MUST SIGN

Date 5-1-12

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
MGR	Michael A. Sanchez	16461 Racquet Club Rd.	Weston, FL. 33326

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 to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of Managing  
Member/Manager

*Michael Sanchez*

Date 5-1-12

Daytime Phone # 954-604-1973

Typed or printed name of signing Managing Member/Manager Michael A. Sanchez