

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L09000034511

1. Limited Liability Company's Name

SVD Quality taxi LLC

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

3700 Georgia Ave

Suite, Apt. #, etc.

10C

City & State

West palm Bch FL

Zip

33401

Country

palm Bch

3. Mailing Office Address

P.O. Box 595

Suite, Apt. #, etc.

595

City & State

Bonnton Bch FL

Zip

33425

Country

palm Bch

8. Name and Address of Current Registered Agent

Name

Ulrick Notroz

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

325 N-E 16th Ave

Suite, Apt. #, Etc.

City

Bonnton Bch

State

FL

Zip Code

33435

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 11-05-12

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
<u>MGR</u>	<u>Ulrick Notroz</u>	<u>325 N-E 16th Ave</u>	<u>Bonnton Bch FL 33435</u>

REINSTATEMENT
2012

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

[Signature]

Date 11-05-12 Daytime Phone # 561-252-5271

Typed or printed name of signing Managing Member/Manager

EXAMINER

JAN 28 2013

FILED

2012 DEC 28 AM 9:10

SECRETARY OF STATE
TAMARA HESSELMAN
FLORIDA

600243092416
12/27/12--01032--019 **243.75

CR2E041 (1/11)

4. State/Country of Formation

5. Date Organizer or Qualified
To Do Business in Florida

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

E-mail Address:

Ulrick Notroz@gmail.com

(To be used for future annual report notices)