

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 DEC 28 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L090000 38777**

1. Limited Liability Company's Name

NEED A RIDE LLC

CR2E041 (05/10)

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

21000 BOCA RIO RD

Suite, Apt. #, etc.

SUITE A31

City & State

BOCA RATON FL

Zip

33433

Country

USA

3. Mailing Office Address

21000 BOCA RIO RD

Suite, Apt. #, etc.

SUITE A31

City & State

BOCA RATON FL

Zip

33433

Country

USA

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified
To Do Business in Florida

4/22/2009

6. FEI Number

26-4700286

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

ROBERT ROMAN - MANAGING MEMBER

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

2444 NW 59 ST APT #1301

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33496

100189069731
12/28/10--01021--004 **\$5.00

100189069731
12/28/10--01021--003 **\$238.75

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

Robert Roman

REGISTERED AGENT MUST SIGN

Date

Jan 8, 2011

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MANAGING MEMBER	ROBERT ROMAN	2444 NW 59 ST #1301	BOCA RATON FL 33496
MANAGING MEMBER	JOAN ROMAN	2444 NW 59 ST #1301	BOCA RATON FL 33496

REINSTATEMENT

OR

11. E-mail Address:

JROAMIN@AOL

(To be used for future annual report notifications)

12. 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.

Signature of

Managing Member/Manager

Robert Roman

Date

1/8/2011

Daytime Phone #

561 866 7756

Typed or printed name of signing Managing Member/Manager