

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

13 SEP 17 AM 11:12

**DOCUMENT #**

1. Limited Liability Company's Name

Pawol Tafya, LLC L09000044229

CR2E041 (1/11)

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

6780 Sunset Strip

Suite, Apt. #, etc.

3. Mailing Office Address

6780 Sunset Strip

Suite, Apt. #, etc.

City & State

Sunrise, Florida

City & State

Sunrise, Florida

Zip

33313

Country

USA

Zip

33313

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

05/06/2009

6. FEI Number

270148374

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

Kenol David, Jr

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

6780 Sunset Strip

Suite, Apt. #, Etc.

City

Sunrise

State

FL

Zip Code

33313

E-mail Address:

100251796061

09/17/13--01027--005 \*\*243.75

pawolnafya@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

Date 09/14/2013

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
MRGM	Kenol David, Jr.	6780 Sunset Strip	Sunrise, FL 33313
MRGM	Suzanne David	796A Magenta Street	Bronx, NY 10467
MRG	Kervens Francois	521 NE 140 Street	Miami, FL 33161

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 09/14/2013

Daytime Phone # (917) 650-4172

Typed or printed name of signing Managing Member/Manager Kenol David, Jr