

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
16 JAN 11 PM 2:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # LO9000065902

1. Limited Liability Company's Name

Third Generation Complete  
Property Services, L.L.C.

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

116 W. Palm Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Lake Worth, FL.

City & State

FL.

Zip

33461

Country

Palm Beach

Zip

Country

8. Name and Address of Current Registered Agent

Name

Victor Lopez

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

116 W. Palm Ave.

Apt. #, Etc.

City

Lake Worth

State

FL

Zip Code

33461

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

1/5/16

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
owner	Victor Lopez	116 W. Palm Ave.	Lake Worth, FL. 33461

**REINSTATEMENT**

2015-2016

11. E-mail Address:

VM Lopez1970@gmail.com & amlopez1971@gmail.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member

[Signature]

Date

1/5/16

Daytime Phone #

561-255-9420

Typed or printed name of signing authorized representative/member