

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

13 MAR -5 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700245361317
03/05/13--01003--002 **327.50

CR2E041 (1/11)

DOCUMENT # L09000099593

1. Limited Liability Company's Name

Juan Sanchez carpentry

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

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1604 cherr Hill

City & State

City & State

Tallahassee

FL

Zip

Country

Zip

Country

32312

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

10/15/09

6. FEI Number

800492731

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 Juan Sanchez

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

1604 cherr Hill Lane

Suite, Apt. #, Etc.

City

State

Zip Code

Tallahassee

FL

32312

E-mail Address:

700245361317
03/05/13--01003--003 **50.00

(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

Juan Sanchez

Date

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
MEM	Juan Sanchez	1604 cherr Hill	Tallahassee-FL-32312
MEM	Maldonado gonSalo	418 INKWOOD LN	Tallahassee FL-32310

REINSTATEMENT RLH

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

Juan Sanchez

Date

3/5/13

Daytime Phone #

850-602-5171

Typed or printed name of signing Managing Member/Manager