PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENTOF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
19 JUL 16 AM 7:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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07/16/19--01029--011 **477.50

DOCUMENT # L09000119493

1 Limited Liability Company's Name
SERULLOA L.L.C.

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
5481 WILES RD	5481 WILES RD
Suite, Apt. #, etc SUITE 505	Suite, Apt. #, etc SUITE 505
City & State COCONUT CREEK FL	City & State COCONUT CREEK FL
Zip / Country 33073 / USA	Zip / Country 33073 / USA

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida 12/16/2009

6. FEI Number
27-2197878
☐ 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
ARIEL GIGLIO

Street Address (P.O. Box Number is Not Acceptable) Suite
5481 WILES RD SUITE 505

Apt. #, Etc.

City: COCONUT CREEK | State: FL | Zip Code: 33073

REINSTATEMENT

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 _____ Date 07/15/2019

REGISTERED AGENT MUST SIGN

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
MGR	SERGIO ULLOA ZEPEDA	5481 WILES RD STE 505	COCONUT CREEK FL 33073

UAC
JUL 18 2019

11. E-mail Address ariel.giglio@deluxerealty.us
(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 _____ Date 07/15/2019 Daytime Phone # 954-623-7527

Typed or printed name of signing authorized representative/member SERGIO ULLOA ZEPEDA