

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

14 MAY 15 PM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900259761029
05/01/14--01031--017 **\$16.25
CR2E041 (1/14)

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L10000047829
1. Limited Liability Company's Name
LINITA LLC

W14-28299

2. Principal Office Address - No P.O. Box # 782 Lake Blvd		3. Mailing Office Address 782 Lake Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Weston, Florida		City & State Weston, Florida	
Zip 33326	Country USA	Zip 33326	Country USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
05/01/2010

6. FEI Number 80-0592950	Applied For Not Applicable
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7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status.

8. Name and Address of Current Registered Agent

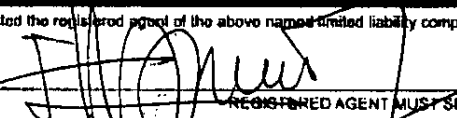
Name
Sergio Elbaum

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

Suite, Apt. #, Etc.

City Weston	State FL	Zip Code 33326
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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: 5/12/2014


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	Barbara Spraggon Berdullas	782 Lake Blvd,	Weston, Florida 33326
MGR	Walter Spraggon Berdullas	782 Lake Blvd,	Weston, Florida 33326

11. E-mail Address: barbara_spraggon@hotmail.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 606, 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 805.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager:  Date: 4/28/2014 Daytime Phone #: 954-323-9429

Typed or printed name of signing Authorized Representative/Manager: Barbara Spraggon