

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 NOV 22 AM 10: 58

SECRETARY OF STATE
TALLAHASSEE FLORIDA

700254149247
11/22/13--01029--008 **377.50
CR2E041 (1/11)

DOCUMENT # L110000010909

1. Limited Liability Company's Name

CINDY CASTILLO, LLC.

2. Principal Office Address - No P.O. Box #
2757 EAGLE CANYON DR S

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
KISSIMMEE, FL

City & State

Zip
34746

Country
USA

Zip

Country

4. State/Country of Formation
FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida JANUARY 26, 2011

6. FEI Number
27-4663885

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

CINDY CASTILLO

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

2757 EAGLE CANYON DR S

Suite, Apt. #, Etc.

City

KISSIMMEE

State
FL

Zip Code
34746

E-mail Address:

CASTILLOCINDY43@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

Cindy Castillo
REGISTERED AGENT MUST SIGN

Date 11/10/2013

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
MGRM	CINDY CASTILLO	2757 EAGLE CANYON DR S	KISSIMMEE, FL 34746
			NOV 25 2013
			L. SELLERS
		REINSTATEMENT	2012-2013

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

Cindy Castillo

Date 11/10/2013

Daytime Phone #

407-361-5093

Typed or printed name of signing Managing Member/Manager