## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

ı	$\cap$	$\sim$	П	١٨	N٦	Γ#
		١.,١	н	W	v	- 44

1. Limited Liability Company's Name

Signature of authorized representative/member

Typed or printed name of signing authorized representative/member Fundador Adajar

FLAD Enterprises, LLC #L11000085997

Flan Falls 15 JUL 30 AM 7:59 4453F : 6 09/0A

..... Daytime Phone # ....

2. Principal	Office Address - No P.O. Box#	3. Mailing Office Address				CR2E041 (1/14)				
27	24 N Wilshire Blvd	2724 N Wilshire Blvd			4.	4. State/Country of Formation				
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.				Florida USA				
					5	Date Organized or Qualified To Do Business in Florida				
Oty & State		Cty & State				7-27-2011				
Ros	well NM	Roswell NM			6.	FEI Number	Not Applicable			
Zip	Country	Z <sub>1</sub> p Country			7	· OFFITTION TO OF				
882	01 USA	88201		USA	<u> </u>	7. CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee for a certificate of sta				
	8. Name and Address	of Current Registe	of Current Registered Agent							
Name	ndador Adajar									
	ess (P.O. Box Number is Not Acceptable) Suit	e		-		_				
	68 Eulace Rd						1100 200 501 1101			
Apt. ≇, E	tc.		_			400 275 581434				
City		/	Stare Zip Cod			017 307	/1501020008 **655.00			
	cksonville /			32210						
9. I, bein	ig appointed the registered agent of the ab	ove named limited lial	bility comps	ary, am familiar with and a	accepti	the obligations	of Chapter 805, F S			
Signature	of	~					July 21, 2015			
Registered		EGISTARED AGENT MUST SIGN				Date				
10. Name	s and Street Addresses of Authorized Repre									
Titles	Name of		Street Address of Eact Authorized Representar Manager				Oty / State / Zip			
IIIIes	Authorized Representatives Managers	′								
Mgr	Fundador Adajar		2724 N Wilshire			vd.	Roswell NM 88201			
****										
	REINSTATE	MEN	P							
			•				S. HAWKES			
	2012-2	015					JUL 3 K A.M.			
							EXAMINER			
11, E-mail	Address Fundador_A	dajar@chs	.net							
				r future annual report notific		(				
certify tha 605.0012, shall have	t when filing this reinstatement application	the reason for dissiplication that the transfer of the transfe	olution has ave been p	been eliminated, the lin paid. The information ind mation submitted in a do	mited lia dicated ocumer	ability company on this applica nt to the Depar	•			
Signature	of authorized representative/member		-	7 -	-21-	-15 n	375-626-7854			