

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L11000093866

1. Limited Liability Company's Name

**BLESSING FAMILY LLC.**

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

**668 NE 128 ST**

Suite, Apt. #, etc.

3. Mailing Office Address

**668 NE 128 ST**

Suite, Apt. #, etc.

City & State

**MIAMI, FL**

City & State

**MIAMI, FL**

Zip

**33161**

Country

**U.S.A**

Zip

**33161**

Country

**U.S.A**

8. Name and Address of Current Registered Agent

Name **CHARLUS RENALD CHARLES**

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

**1270 NE 149 ST**

Suite, Apt. #, Etc.

City

**MIAMI**

State

**FL**

Zip Code

**33161**

4. State/Country of Formation

**FL, U.S.A**

5. Date Organized or Qualified

To Do Business in Florida **08/12/2012**

6. FEI Number

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

E-mail Address:

**400238696014**  
**08/21/12--01005--028 \*\*238.75**

**charluscharles@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

Date **08-12-12**

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
MGR	MIREILLE CHARLES	1270 NE 149 ST	MIAMI, FL 3361

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

Date **08/13/2012**

Daytime Phone # **786-439-5548**

Typed or printed name of signing Managing Member/Manager **MIREILLE CHARLES**

APPROVED  
AND  
FILED  
12 OCT 12 AM 9:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (1/11)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 29, 2012

MIRILLE CHARLES  
1270 NE 149 ST  
MIAMI, FL 33161

SUBJECT: BLESSING FAMILY. LLC  
Ref. Number: L11000093866

12 OCT 12 AM 9:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

We have received your document for BLESSING FAMILY. LLC and your check(s) totaling \$238.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above named entity is listed as an active entity with our office; therefore, the document(s) submitted is/are not required.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 812A00022051