

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

15 DEC 31 PM 4:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L12000003341

1. Limited Liability Company's Name

Phiffa, LLC

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

1561 W. 14th St.

3. Mailing Office Address

1561 W. 14th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Riviera Beach, FLA

City & State

Riviera Beach, FLA.

Zip

33404

Country

USA

Zip

33404

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

1/7/12

6. FEI Number

45-4206342

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

Jerome Graham

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

1561 W. 14th St

Apt. #, Etc.

City

Riviera Beach

State

FL

Zip Code

33404

200280546232  
01/04/16--01008--024 \*\*238.75

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

12/30/15

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	Jerome Graham	1561 W. 14th St.	Riviera Beach, FLA 33404

DEC 31 2015

M. WILLIAMS

11. E-mail Address:

jerome@abellsouthwest

(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

[Signature]

Date

12/30/15

Daytime Phone #

561-389-7958

Typed or printed name of signing authorized representative/member