

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2014 MAR 28 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L12000004648**

1. Limited Liability Company's Name

Mirada, LLC

300258361613
03/28/14--01013--010 ***377.50
CR2E041 (1/14)

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

5011 Mirada Drive

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 341769

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33624

Country

U.S.A.

Zip

33694

Country

U.S.A.

4. State/Country of Formation

Florida/U.S.A

5. Date Organized or Qualified
To Do Business in Florida

January 10, 2012

6. FEI Number

45-4241737

☐ 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

Burr & Forman, LLP

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

c/o Jacqueline M. Rockwell, Esquire

Suite, Apt. #, Etc.

201 N. Franklin Street, Suite 3200

City

Tampa

State

FL

Zip Code

33602

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

For the Firm as Registered Agent

Date **3/26/2014**

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	Michael C. Chrys	5011 Mirada Drive	Tampa, Florida 33624
			S. HAWKES
			APR - 3 A.M.
			EXAMINER

11. E-mail Address: **mcmcc705@gmail.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 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 requirements 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Date **3/26/2014**

Daytime Phone # **813-908-7314**

Typed or printed name of signing Authorized Representative/Manager **Michael C. Chrys, Manager**