

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L12000067416

1. Limited Liability Company's Name

BACHEW LLC

FILED

14 JUL -4 AM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

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

3834 SW 169 TERR

Suite, Apt. #, etc.

3. Mailing Office Address

3834 SW 169 TERR

Suite, Apt. #, etc.

City & State

MIRAMAR FLORIDA

Zip

33027

Country

U.S.A.

City & State

MIRAMAR FL.

Zip

33027

Country

U.S.A.

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

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

ANNIE RAMNARIWE

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

3834 SW 169 TERR

Suite, Apt. #, Etc.

MIRAMAR

City

MIRAMAR

State

FL

Zip Code

33027

000260844180
07/03/14--01019--002 **143.75

000260844180
06/03/14--01011--021 **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

Annie Ramnariwe

Date

5/29/14

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
<u>mgr</u>	<u>ANNIE RAMNARIWE</u>	<u>3834 SW 169 TERR</u>	<u>MIRAMAR FL 33027</u>

11. E-mail Address: MS4ACIE3@yahoo.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 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 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

Annie Ramnariwe

Date

5/29/14

Daytime Phone #

954-821-8642

Typed or printed name of signing Authorized Representative/Manager