

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT #

1. Limited Liability Company's Name

FRANCO REMODELING, LLC
L120000100105

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

7761 NW 15TH CT

Suite, Apt. #, etc.

3. Mailing Office Address

7761 NW 15TH CT

Suite, Apt. #, etc.

City & State

PEMBROKE PINES FL PEMBROKE PINES FL

Zip
33024

Country
U.S.A.

City & State

PEMBROKE PINES FL PEMBROKE PINES FL

Zip
33024

Country
U.S.A.

4. State/Country of Formation

FLORIDA, US

5. Date Organized or Qualified
To Do Business in Florida

08-02-12

6. FEI Number

46-0661912

Applied For

EIN NUMBER

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

JONATHAN TORO

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

7761 NW 15TH CT

Suite, Apt. #, Etc.

City
PEMBROKE PINES

State
FL

Zip Code
33024

300263076003

08/07/14--01028--011 **\$381.00

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]

Date 08/01/2014

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	JONATHAN TORO	7761 NW 15 TH CT.	PEMBROKE PINES, FL 33024

AUG - 7 2014

M. WILLIAMS

11. E-mail Address: salesfrancoremodeling@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 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

[Signature]

Date

08/01/14

Daytime Phone

(754) 366-9961

Typed or printed name of signing Authorized Representative/Manager

JONATHAN TORO