

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 Jan-2 PM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L12000125982

1. Limited Liability Company's Name

Michael LaPorte LLC

CR2E041 (1/14)

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

17565-72nd Rd N

Suite, Apt. #, etc.

3. Mailing Office Address

17565-72nd Rd N

Suite, Apt. #, etc.

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

04/01/2012

6. FEI Number

461332911

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

City & State

Loxahatchee FL

City & State

Loxahatchee FL

Zip

33470

Country

U.S.A.

Zip

33470

Country

USA

8. Name and Address of Current Registered Agent

Name

Michael LaPorte

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

17565-72nd Rd N

Suite, Apt. #, Etc.

City

Loxahatchee

State

FL

Zip Code

33470

600267481726
12/16/14--01015--001 **243.75

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

Michael LaPorte

Date

12/11/14

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

MGRM Michael LaPorte 17565-72nd Rd N Loxahatchee FL 33470

REINSTATEMENT

2014

11. E-mail Address:

(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

Michael LaPorte

Date

12/11/14

Daytime Phone #

561-512-0478

Typed or printed name of signing Authorized Representative/Manager

Michael LaPorte