

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L13000010997

1. Limited Liability Company Name

One Stop Services LLC

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

2577 First St.

3. Mailing Office Address

PO BOX 1532

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Myers Florida

City & State

Fort Myers Florida

Zip

33901

Country

Lee

Zip

33902

Country

Lee

8. Name and Address of Current Registered Agent

Name

Jose Baserva

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

2577 First St.

Suite, Apt. #, etc.

City

Fort Myers

State

FL

Zip Code

33902

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

REGISTERED AGENT MUST SIGN

Date 04/14/2020

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

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 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

Date

4/14/20

Daytime Phone

(239) 8102394

Typed or printed name of signing authorized representative/member

2020, 21 PM 3:03

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CR2E041 (1/14)

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida 01/22/2013

6. FEI Number

85-0707507

☒ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status

R 100,000
10/1/2020

Jose Baserva

PO Box 1532

Fort Myers Florida 33902

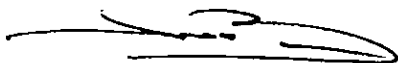
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Dear Sir or Madam,

Attached please find paperwork to reinstate One Stop Services LLC, change of name to One Stop Entitlements LLC, change of Registered Officer and change Business and mailing address.

If anything needs to be amended or if you have any questions, please contact me at your earliest convenience.

Thank you very much,



Jose Baserva.

(239) 810-2394