

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

16 MAY 27 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L14000020013

1. Limited Liability Company's Name

Make to Save, LLC

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

6900 S. Orange Blossom Tr.

Suite, Apt. #, etc

Ste 432

City & State

Orlando, FL

Zip

32809

Country

USA

3. Mailing Office Address

6900 S. Orange Blossom Tr.

Suite, Apt. #, etc

Ste 432

City & State

Orlando, FL

Zip

32809

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

1/29/14

6. FEI Number

32-0431470

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

Sophie Bouchenot / Mineola Consulting, Inc

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

6900 S. Orange Blossom Tr.

Apt. #, Etc

Suite 432

City

Orlando

State

FL

Zip Code

32809

500286320179
05/27/16--01029--005 **377.50

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

Date **5/25/16**

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	Noe M. Etienne	6900 S. Orange Blossom Tr. Ste 432	Orlando, FL 32809
AR	Sophie Bouchenot	6900 S. Orange Blossom Tr. Ste 432	Orlando FL 32809

11. E-mail Address: **flmineola@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 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 **5/25/16**

Daytime Phone #

407-850-9707

Typed or printed name of signing authorized representative/member