

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2020 FEB 21 PM 12:07

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L14-22571**

1. Limited Liability Company's Name

Capital City Imports LLC

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

4394 Blountstown Hwy

Suite, Apt. #, etc.

City & State

Tallahassee FL

Zip

32304

Country

3. Mailing Office Address

4394 Blountstown Hwy

Suite, Apt. #, etc.

City & State

Tallahassee FL

Zip

32304

Country

CR2E041 (1/14)

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

56-4770256

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

Ahmed Salem

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

4394 Blountstown Hwy

Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32304

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 **2-21-2020**

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

Manager

Ahmed Salem

4394 Blountstown Hwy

Tallahassee FL 32304

REINSTATEMENT

FEB 21 2020

R. HUNT

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

[Signature]

Date **2-21-2020**

Daytime Phone # **9509421500**

Typed or printed name of signing authorized representative/member