

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

15 DEC 23 AM 10:03

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # L14000127454

1. Limited Liability Company's Name

Pin Cin import and Export LLC

100280356231  
12/23/15--01003--006 \*\*238.75

CR2E041 (12/13)

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

2626 E Park Avenue

3. Mailing Office Address

Suite, Apt. #, etc.

17107

Suite, Apt. #, etc.

City & State

Tallahassee

City & State

Zip

32301

Country

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

☐ 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 Ohide Ambrose

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

2626 E Park Avenue Apt 17107

Suite, Apt. #, Etc.

City Tallahassee

State  
FL

Zip Code  
32301

E-mail Address:

Pin Cin Import@gmail.com

(To be used for future annual report notices)

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 12/23/15

REGISTERED AGENT MUST SIGN

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

Titles AMBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
MGR	Ambrose Ohide	2626 E. Park Avenue	Tallahassee FL 32301

11. I certify that I am an authorized person 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 Chapter 605, 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 Person

*[Signature]*

Date 12/23/15

Daytime Phone # 8504590561

Typed or printed name of signing Authorized Person