

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

16 AUG 29 AM 4:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L14000191610

1. Limited Liability Company's Name

Florida Ticket Tiger LLC

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

900 West 49th Street

Suite, Apt. #, etc.

410

City & State

Hialeah FL

Zip

33012

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E041 (1/14)

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified
To Do Business in Florida

9/25/2015

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status

600286604306

03/10/16--01014--011 **25.00

600286604906

06/07/16--01017--013 **125.00

600286604306

08/29/16--01063--016 **227.50

8. Name and Address of Current Registered Agent

Name

Alejandro SIXTO

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

900 West 49th Street

Apt. #, Etc.

410

City

Hialeah

State

FL

Zip Code

33012

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]
REGISTERED AGENT MUST SIGN

Date 5-27-16

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
V.Pres.	Alejandro SIXTO	900 West 49th Street 410	Hialeah FL 33012
Pres.	Robert Sanchez	355 West 49 Street	Hialeah FL 33012

11. E-mail Address

nualle@bankruptcyclinic.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

[Signature]

5-27-16

Debiting Phone #

305-558 0460