

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2016 NOV 22 AM 6:11

DOCUMENT # L15000114200

1. Limited Liability Company's Name

The Nieves Family LLC

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

11422 Boca Woods Lane

Suite, Apt. #, etc.

City & State

Boca Raton FL

Zip Country

33428

3. Mailing Office Address

11422 Boca Woods Lane

Suite, Apt. #, etc.

City & State

Boca Raton FL

Zip Country

33428

CR2E041 (1/14)

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

7/1/15

6. FEI Number

47-4689232

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

Ramon Nieves

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

11422 Boca Woods Lane

Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33428

900292601499

11/22/16--01014--037 **238.75

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

R. Nieves

REGISTERED AGENT MUST SIGN

Date 11/8/16

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
MGR	Ramon Nieves	11422 Boca Woods Lane	Boca Raton, FL 33428

11. E-mail Address: CCScheckcashing@aol.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 605.0042, 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

R. Nieves

Date 11/8/16

Daytime Phone #

974-495-4327

Typed, printed name of signing authorized representative/member