

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2022 7 11 8:43

**DOCUMENT #**

1 Limited Liability Company's Name

ALLI, LLC  
L16000168318

500349380415  
07/30/20--01005--008 \*\*37 150  
CR2E041 (1/14)

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

728 PINE ISLAND ROAD

3. Mailing Office Address

728 PINE ISLAND ROAD

Suite, Apt. #, etc.

UNIT 4

Suite, Apt. #, etc.

UNIT 4

City & State

CAPE CORAL, FL

City & State

CAPE CORAL, FL

Zip

33991

Country

UNITED STATES

Zip

33991

Country

UNITED STATES

8. Name and Address of Current Registered Agent

Name

EENING YEOH

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

6401 S WEST SHORE BLVD

Apt. #, Etc.

#1210

City

TAMPA

State

FL

Zip Code

33616

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida

09/08/2016

6. FEI Number

30-0955937

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required for a certificate of status

**REINSTATEMENT**

2019-2020

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

*Eening Yeo*

REGISTERED AGENT MUST SIGN

Date

7/9/2020

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   |
|--------|---|--|----------------------|
| AMBR   | YEOH, BOON TEIK                             | 728 PINE ISLAND ROAD, UNIT 4 <del>CAPE CORAL, FL 33991</del> | CAPE CORAL, FL 33991 |
| AMBR   | THAWARAPHORN, REE                           | 728 PINE ISLAND ROAD, UNIT 4 <del>CAPE CORAL, FL 33991</del> | CAPE CORAL, FL 33991 |
|        |   |  |                      |
|        |   |  |                      |
|        |   |  |                      |
|        |   |  |                      |

11. E-mail Address

yeohneening@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

*Yeo*

Date

7/9/2020

Daytime Phone #

3238899005

YEOH BOON TEIK