

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2019 JAN 16 PM 1:22

DOCUMENT # L17000022635

1. Limited Liability Company's Name:

SINTIA MARTINS LLC

SECRETARY OF STATE
9003 TALLAPAH STREET
01/16/19--01023--024 **238.75
~~1115 CHOCOMA STREET~~
~~01/16/19--01023--024 **238.75~~

900323455079
01/16/19--01023--024 **238.75
CR2E041 (1/14)

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

1428 SE 4TH AVE

Suite, Apt #, etc

A204

City & State

DEERFIELD BEACH FL

Zip

33441

Country

USA

3. Mailing Office Address

1428 SE 4TH AVE

Suite, Apt #, etc

A204

City & State

DEERFIELD BEACH FL

Zip

33441

Country

USA

4. State/Country of Formation

FLORIDA - USA

5. Date Organized or Qualified
To Do Business in Florida

01/27/2017

6. FEI Number

36-4910666

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

SINTIA RAQUEL MARTINS

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

1428 SE 4TH AVE

Apt #, Etc

A204

City

DEERFIELD BEACH

State

FL

Zip Code

33441

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

REGISTERED AGENT MUST SIGN

Date 01/10/2019

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	SINTIA RAQUEL MARTINS	1428 SE 4TH AVE APT A204	DEERFIELD BEACH FL 33441

11. E-mail Address PATRICIA@USATAXFL.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

Date 01/10/2019

Daytime Phone # 954-520-4131

Typed or printed name of signing authorized representative/member

SINTIA RAQUEL MARTINS