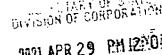
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY



Typed or printed name of signing authorized representative/member

FLORIDA DEPARTMENT OF STATE



REINSTA	IPANY ATEME	NT				etary of Sta		ONS		2921 AF	R 29 PM!	ZHUH	
DOCUME 1 Limited Liabilit HECTOR L (ty Company	s Name		LLC									
									€ 047.	# DIOLEI #5 29/21 010	52235 105005	1 €) ••377.50	
2 Principal Office Address - No P.O. Box # 3 Mailing Office A										CR2E0	341 (1/14)		
11118 COLDFIELD DR 11118 CO					18 COLD	LDFIELD DR			_	ntry c Cormation			
Suite. Apt #, etc				Suite	Suite Apt #, etc				5 Date Orga	JACKSONVILLE, FL 5 Date Organized or Qualified To Do Business in Florida 05/31/2017			
City & State City & State								-			<u> </u>		
JACKSONVILLE, FL				JAC	JACKSONVILLE, FL				6 FEI Number Applied For 82-1694705 Not Applied by				
Z ₁ p Country			Zφ	Zφ		Country 7		_		\$5.00 Additio	Fee required		
32246 DUVAL		322	32246		DL	JVAL	CENT FICATE OF STATUS DESIRE		for a certifica	of status			
		8. Nam	e and Addro	ss of Curi	ent Register	red Agent							
Name ORTIZ, HEC	TOR L					·							
Street Address (P 11118 COLD			Acceptable) S	uite.									
Apt #, Etc								-					
City JACKSONVILLE						Star		Zip Code 32246					
9 I, being app	ointed the i	egistered	agent of the	above name	ed limited liab	olity compar	ny, a	rn familiar with and	accept the obligation	ns of Chapter 605,	F.S		
Signature of										04	-20-2021		
Registered Agen	ıt			REGISTE	RED AGENT M	JUST SIGN				Date			
10 Names and S	Ctenat Anger	cees of A	utbecased Pag		· ·								
10 Names and Street Addresses of Authorized Representatives/Managers Name of							Street Address of Each						
Titles	Authorized Representatives/ Managers			es/	Authorized Represent Manager				<u> </u>	Crty / State / Zrp			
MGR	MGR HECTOR L ORTIZ				<u> </u>			11118 COLDFIELD DR		JACKSONVIL		L 32246	
		D	EIN	ICT	A 21 1	7- h -a-i		Te 4612					
	REINSTATEMEN						<u>.</u>	IN I 	1		APR_2_8_2021		
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1), E-mail Addre	ess 111t	ax333	@gmail.c	om					<u></u>				
12 certify that	i am en au	thonzed	representativ	e/ manage	<u> </u>			e annual report notific empowered to exec		as provided for in	Chapter 605 F.S.	turther	
605,0012, F.S.,	and that all ame legal (l fees ow effect as	ed by the lim if made unde	ted hability	company ha	ave been pa	old i	n eliminated, the lin The information ind in submitted in a do	scaled on this app	lication is true and	accurate, and my	signature	

_ Date _____04-20-2021

904-674-4544