

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2021 APR 29 PM 12:07

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L17000118884

1 Limited Liability Company's Name

HECTOR L ORTIZ ENTERPRICES LLC

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

11118 COLDFIELD DR

Suite, Apt. #, etc

3 Mailing Office Address

11118 COLDFIELD DR

Suite, Apt. #, etc

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32246

Country

DUVAL

Zip

32246

Country

DUVAL

8 Name and Address of Current Registered Agent

Name

ORTIZ, HECTOR L

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

11118 COLDFIELD DR

Apt. #, Etc

City

JACKSONVILLE

State

FL

Zip Code

32246

4 State/Country of Formation

JACKSONVILLE, FL

5 Date Organized or Qualified
To Do Business in Florida

05/31/2017

6 FEI Number

82-1694705

Applied For

Not Applicable

7 CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status

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

Date 04-20-2021

REGISTERED AGENT MUST SIGN

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	HECTOR L ORTIZ	11118 COLDFIELD DR	JACKSONVILLE FL 32246
<div style="text-align: center; font-size: 2em; font-weight: bold;">REINSTATEMENT</div>			
			APR 28 2021
			R. HUNT

11. E-mail Address 111tax333@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

Date

04-20-2021

Daytime Phone #

904-674-4544

Typed or printed name of signing authorized representative/member