PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L19000079427

1. Limited Liability Company's Name CC & HERNANDEZ LLC

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| | | | | | | | | | | |
| 2. Principal Office Address - No P.O. Box # | | | 3. Mailing Office Add | | | CR2E041 (1/14) | | | | |
| 9802 VAN \$T | | | 9802 VAN ST | | | 4. State/Coun | 4. State/Country of Formation | | | |
| Suite, Apt #, etc. | | | Suite, Apt. #, etc | | | | STATES | | | |
| | | | | | | | ized or Qualified | 1 | | |
| City & State | | | City & State | | | 10 00 805 | iess in Florida | 03/21/2019 | | |
| TAMPA, FL | | | TAMPA, FL | | | 6. FEI Number Applied For 83-4070753 Not Applied by | | | | |
| Zip Country | | . | Zip | С | ountry | 7 | | Not Applicable | | |
| 33615 | us | | 33615 |], | ıc | 7. CERTIFICATE OF | 7. CERTIFICATE OF STATUS DESIRED . S5.00 Additional Fee required for a certificate of status | | | |
| | | 8. Name and Address of Current Reg | | | US Stered Agent | | | | | |
| Name | | | | Agent | | | | | | |
| CLAUDI. | A HERNANDEZ | | | | | | | | | |
| | ress (P.O. Box Number is N | ot Acceptable) \$ui | ė, | | | | | | ļ | |
| 9802 VA | | | | | | | | | | |
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| City | | | | State | Zip Code | | | | | |
| TAMPA | | | | FL | 33615 | | | | | |
| 9. I, beir | ng appointed the register | ed agent of the ab | ove named limited liability | company | am familiar with and | accept the obligation | s of Chapter 605 | 5, F.S. | | |
| Signature | | do | | | | | | | | |
| Registered | | They | DECONTENED A CENTALIO | 2075250 . 05.1707 | | | Date 07/24/2024 | | | |
| | | | REGISTERED AGENT MUS | 1 SIGN | | | | - | | |
| 10. Name | s and Street Addresses of | Authorized Repre | sentatives/Managers | | | | · · · · · · · · · · · · · · · · · · · | <u> </u> | | |
| Titles | Authorize | Street Address of Each Authorized Representat Manager | | | | ve/ City / State / Zip | | | | |
| MGR | BLUE DREAM | MAINTENA | ANCE LLC 98 | | 9802 VAN ST | | TAMPA, FL 33615 | | | |
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| | REIN | SIA | EMALIN | .1. | | | | | | |
| | | -:12 | 121 | _ | | 13. | 107 | | | |
| | | <u> 171/6</u> | 7/ () | · · · <u>-</u> | | | 2.3/21 | | _ | |
| | | | | | | <u>.</u> | | | | |
| 11, E-mail | Address | | | | | | | | | |
| 17 000 | v that I am an authorise | d representation/ | | | ure annual report notific | | an assuidad for t | a Chapter OAS CA | Lindhae | |
| certify that 605,0012, shall have | t when filing this reinstal . F.S., and that all fees o | lement application wed by the limite s if made under o | manager or the receiver the reason for dissolution diability company have ath. I am aware that fals | on has be been paid | en eliminated, the lic I. The information inc | mited liability compar dicated on this applic | ny name satisfie cation is true and | s the requirement of accurate, and my | f section signature | |
| Signature | of authorized represent | ative/member | Alt | | Oate | 7/24/2024 _D | avtime Phone # | | | |

CLAUDIA HERNANDEZ