

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L19000114899

1. Limited Liability Company's Name

FILED
2024 APR -5 PM 1:43
800427278508
04/05/24--01003--015 **500.00

500427278615
04/05/24--01003--016 **16.25

CR2EC41 (1/14)

2. Principal Office Address - No P.O. Box #
#310 1340 Nucn Lang North FL 33068

Suite, Apt #, etc

City & State

North Lauderdale, FL

Zip

33068

Country

US

3. Mailing Office Address

6810 SW 10th Court
Pembroke Pines, FL 33023

Suite, Apt #, etc

City & State

Pembroke Pines, FL

Zip

33023

Country

US

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

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

Marlene Forbes

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

6810 SW 10th Court

Apt #, Etc

City

Pembroke Pines

State

FL

Zip Code

33023

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

4/5/2024

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representative/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
<u>MGR</u>	<u>Marlene Forbes</u>	<u>6810 SW 10th Court</u>	<u>Pembroke Pines FL 33023</u>

11. E-mail Address EverythingMarshall@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

4/5/2024

Daytime Phone

(786) 897-9683

Typed or printed name of signing authorized representative/member