

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2021 SEP 20 PM 12:07

DOCUMENT # L20000023655

1. Limited Liability Company's Name
Vajk Properties, LLC

400373672794
09/20/21--01025--001 **238.75

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 3561 Pinehurst Ave		3. Mailing Office Address 500 Westover Dr #95434	
Suite, Apt. #, etc. 138		Suite, Apt. #, etc.	
City & State Winter Park FL		City & State Sandford NC	
Zip 32789	Country USA	Zip 27330	Country USA

4. State/Country of Formation Florida, USA	
5. Date Organized or Qualified To Do Business in Florida 01/16/2020	
6. FEI Number 61-1958908	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent			
Name Veronica Cruz			
Street Address (P.O. Box Number is Not Acceptable) Suite, 3561 Pinehurst Ave			
Apt. #, Etc. 138			
City Winter Park		State FL	Zip Code 32789

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

Veronica Cruz

REGISTERED AGENT MUST SIGN

Date _____

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
AR	Veronica Cruz	500 Westover Dr #95434	Sandford, NC 27330
AR	Eric K Marquez	500 Westover Dr #95434	Sandford, NC 27330
AR	Erika Marquez	500 Westover Dr #95434	Sandford, NC 27330

REINSTATEMENT

SEP 20 2021

R. HUNT

11. E-mail Address: vajkproperties@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

Veronica Cruz

Date 09/08/2021

Daytime Phone # 505-923-0003

Typed or printed name of signing authorized representative/member