

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

1. Limited Liability Company's Name
30 Co L.L.C.

17705 Southwest 27th Court

City & State
Miramar, FL

33029

Country
USA

17705 Southwest 27th Court

City & State
Miramar, FL

Zp
33029

Country

Name _____
enBusiness Inc.

Street Address (P O Box Number is Not Acceptable) Suite,
36 E. College Ave.

Apt #, Etc
Suite 301

City
allahassee

State
FL

Zip Code
2301

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

Khadijeh Hemmati

Date 02/02/2023

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

Member

Jasmine Williams

17705 Southwest 27th Court

Miramar, FL 33029-5107

MAR 23 2023

~~M. WILLIAMS~~

11 E-mail Address Compliance@zenbusiness.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.

felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member Jasmine Williams

Date _____

02/02/2023

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Daytime Phone #

954-394-2959