

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2024 NOV 22 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/22/24--01006--001 **238.75

DOCUMENT # L 21000478082

1. Limited Liability Company's Name

ESTES LABS L.L.C.

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

3109 GRAND AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33133

Country

USA

3. Mailing Office Address

3109 GRAND AVE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

Country

CR2E041 (1/14)

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

87-3473590

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

CHRIS ESTES
3109 GRAND AVENUE

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

Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33133

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

Chris Estes

Date 11-15-24

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	CHRIS ESTES	3109 GRAND AVE	MIAMI, FL 33133
MGR	AMY ESTES	3109 GRAND AVE	MIAMI, FL 33133

11. E-mail Address: CHRIS@ESTESLABS.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 requirements 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

Chris Estes

Date 11-15-24

Daytime Phone #

650-804-0952

Typed or printed name of signing authorized representative/member