PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

FILED

2025 JAN 30 PM 2:40

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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01/30/25--01022--003 **238.75

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/14)

DOCUMENT #

1. Limited Liability Company's Name
Tangie Bakes LLC
L23000481826

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
20929 NW 57th Ct	18205 NW 17th Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hialeah Fla	City & State: Miami Gardens
Zip: 33015 Country: USA	Zip: 33056 Country: USA

4. State/Country of Formation: Florida USA

5. Date Organized or Qualified To Do Business in Florida: 4-16-2024

6. FEI Number: 93-2469093 ☐ 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: Tangelia Bakari
Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.: 18205 NW 17th Ave
City: Miami Gardens State: FL Zip Code: 33056

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: Tangelia Bakari Date: 1-11-2025
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	Albert Bakari	18205 NW 17th ave	Miami Gardens Fla 33056
MGR	Tangelia Bakari	18205 NW 17th ave	Miami Gardens Fla 33056

11. E-mail Address: CLTIEJACKSON40AT 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: Tangelia Bakari Date: 1-11-2025 Daytime Phone #: 7862365654

Typed or printed name of signing authorized representative/member: Tangelia Bakari

T. WILSON
JAN 30 2025