

L9700000307

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax and  
number (shown below) on the top and bottom of all pages of the document.

FILED  
02 OCT 14 PM 3:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

((FI02000211990 5)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this  
page. Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : (850) 205-0383

From:  
Account Name : FILINGS, INC.  
Account Number : 072720000101  
Phone : (850) 385-6735  
Fax Number : (954) 641-4192

AL

LIMITED LIABILITY REINSTATEMENT

FED, L.C.

RECEIVED  
02 OCT 14 PM 1:17  
DIVISION OF CORPORATION

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$255.00

H020002119905

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 14 PM 3:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L97000000307

1. Limited Liability Company's Name

FED, LC

2. Principal Office Address

20911 JOHNSON ST

Suite, Apt. #, etc.

SUITE 126

City & State

PEMBROKE PINES FL

Zip

33029

Country

USA

3. Mailing Office Address

20911 JOHNSON ST

Suite, Apt. #, etc.

SUITE 126

City & State

PEMBROKE PINES FL

Zip

33029

Country

USA

4. State/Country of Formation

FL, USA

5. Date Organized or Qualified To Do Business in Florida

3/11/97

6. FEI Number

65-0757448

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

8. Name and Address of Current Registered Agent

Name

MICHAEL BARNARD

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

1600 HARBOUR SIDE DRIVE

Suite, Apt. #, Etc.

City

WESTON

State

FL

Zip Code

33326

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 600, F.S.

Signature of Registered Agent

M. Barnard

REGISTERED AGENT MUST SIGN

Date

10/10/02

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
DIR.	MICHAEL BARNARD	1600 HARBOUR SIDE DR	WESTON FL 33326

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 600, 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 608.400, 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.

Signature of Managing Member/Manager

M. Barnard

Date

10/10/02

Daytime Phone #

954 433 2727

Typed or printed name of signing Managing Member/Manager

MICHAEL BARNARD