

302 636 54 15

\$150

APPLICATION FOR  
REINSTATEMENT FOR  
LIMITED LIABILITY COMPANYFLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONSFILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 NOV 30 AM 10:58

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address  
of Limited Liability Company

DOCUMENT # L98000000538

Guimard, LLC  
6004 Lincolnwood Court  
Burke, VA. 22015

1a. Principal Place of Business Address

901 Euclid Ave  
Miami Beach, FL  
33139

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

2a. Mailing Address

901 Euclid Ave

6004 Lincolnwood Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Miami Beach

Burke

City &amp; State

City &amp; State

Florida

Virginia

Zip

Country

Zip

Country

33139

USA

22015

USA

3. Date Organized or Qualified

3a. State of Formation

4/29/98

4/29/98

4. FEI Number

☐ Applied For

65-0835392

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

6/1/99

SB.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

Corporation Service Co.  
1201 Hays St.  
Tallahassee, FL  
32301

Name

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

Suite, Apt. #, etc.

400003066054--8

-12/09/99--01095--003

City

\*\*\*190200 \*\*\*150.00

FL

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

Judith A. Blarney

Date

11/9/99

REGISTERED AGENT MUST SIGN

10. Title

Managing Members/Managers

Business Street Address

City, State &amp; Zip Code

Manager

Z-Recon, Inc.

6004 Lincolnwood Ct

Burke, VA 22015

member

Michel Regignano

6004 Lincolnwood Ct

Burke, VA 22015

REINSTATEMENT 1999

MK

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 608.406, 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

Michel Regignano

Date

10/19/98

Daytime Phone #

703 978 9450

Typed or printed name of signing Managing Member/Manager

Z-Recon, Michel Regignano