

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JAN 16 PM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000002720

1. Limited Liability Company's Name

YOUR BUSINESS ASSISTANT, LLC

REINSTATEMENT *2000-01*

2. Principal Office Address

7787 SW 86 ST.

Suite, Apt. #, etc.

205

City & State

MIAMI, FL

Zip

33143

Country

US

3. Mailing Office Address

7787 SW 86 ST.

Suite, Apt. #, etc.

205

City & State

MIAMI, FL

Zip

33143

Country

US

4. State/Country of Formation

FL, US

**5. Date Organized or Qualified
To Do Business in Florida**

MAY 10, 1999

6. FEI Number

650921072

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

JAMES A. SPORL

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

7787 SW 86 ST.

Suite, Apt. #, Etc.

205

City

MIAMI

State

FL

Zip Code

33143

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

James A. Spurl

REGISTERED AGENT MUST SIGN

Date **12/15/2000**

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
PRES	JAMES A. SPORL, JR	7787 SW 86 ST. #205	MIAMI, FL 33143

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

James A. Spurl

Date **12/15/00** Daytime Phone # **305 598 2823**

Typed or printed name of signing Managing Member/Manager **JAMES A. SPORL, JR**