

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

REINSTATEMENT 200
FILED

DOCUMENT #

1. Limited Liability Company's Name

L 99-6747
FCI Acquisitions LLC

01 OCT 24 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address

1660 NW 82nd Ave

Suite, Apt. #, etc.

City & State

miami FL

Zip

33126

Country

USA

3. Mailing Office Address

1660 NW 82nd Ave

Suite, Apt. #, etc.

City & State

miami FL

Zip

33126

Country

USA

4. State/Country of Formation

FLORIDA

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

6. FEI Number

58-3606189

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

Thomas P. McNamara

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

2909 Bay to Bay Blvd, Ste. 309 400004661564-3

Suite, Apt. #, Etc.

10/31/01-01075-031

***155.00 ***155.00

City

Tampa

State

FL

Zip Code

33629

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

[Signature]

Date 10/23/01

REGISTERED AGENT MUST SIGN

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
mkt	James Markus	4312 Beachway Dr	Tampa FL 33609

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

[Signature]

Date Oct 17

Daytime Phone # 305-594-1912

Typed or printed name of signing Managing Member/Manager

James Markus

CR2E041 (9/01)