PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.								
LIMITED LIABILITY COMPANY REINSTATEMENT	Katherii . Secretar	DEPARTMENT OF STATE  Katherine Harris Secretary of State ISION OF CORPORATIONS			FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  OO NOV -8 PM 1: 02			
Unitorm Bus RPF				UU NUV	-8 P	M 1.02	$\rightarrow 0$	
DOCUMENT # L9900008959								
1. Limited Elability Company's Name							U	
Alous SEALS L	LC	•						
2. Principal Office Address , 3. Mailing Office Address ,								
12835 NW 23 ST.	12835 NW	NW 23 M St.			itry of Form	nation		
Suite, Apt. #, etc. PEMBROICE PINES		#, etc. Broke lines			5. Date Organized or Qualified To Do Business in Florida - 1999			
City & State City & State		4.04			er		Applied For	
		Country			65-095, 8083 Not Applicable			
33028 Country	350 28	U:S.A	. +	7. CERTIFICATE	OF STATU	S DESIRED 🔲 🔐	oroGatilicatoo(Statu Taribasioo(Statu	
8. Name and Address of Current Registered Agent								
Name Dod Charen								
Street Address (P.O. Box Number is Not Acceptable)						<u> </u>	3 <b>907</b> – 6 01035 – 111	
12835 NW 23" STREET Suite, Apt. #, Etc.						11/28/00 	01035011 *****50.00	
was made and a superior and a superi							- ************************************	
City Pembroke Pines					State	Zip Code 33ロコと		
9. If, 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 Date 10), 5/						>0		
RE			•					
10. Names and Street Addresses of Managing Mem	bers/Managers			•				
Titles Name of Managers		Street Address of Each Managing Member/Manager				City / Sta	te / Zip	
MERM DOPALD L. CLARE	1283	12835 NW 23 STRE			PERB	ROILE PINES	30047	
WALL DISHALD L. CLARK	4330	KENION	FORREST PORTEST	T DRIVE	LILB	URN, 6A	30047	
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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 filling 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 Date Date Daytime Phone # (954) 316 - 6234								
Signature of Managing Member/Manager Date 10/15/00 Daytime Phone # (954) 316 - 6234  Typed or printed name of signing Managing Member/Manager Dark L. Clark JR.								