

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY -4 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700179454637
04/30/10--01056--007 **516.25

DOCUMENT # M0600006217

1. Limited Liability Company's Name

Guerrero-Silver Lakes LLC

2. Principal Office Address - No P.O. Box #

4971 Hennias Road
Suite, Apt. #, etc. Hennies

3. Mailing Office Address

Same
Suite, Apt. #, etc.

City & State

Turner, OR

City & State

Same

Zip

Country

97392 US

Zip

Country

Same Same

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

11/07/2006

6. FEI Number

544607749

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 Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

Date

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
mgrm	<u>Rosalio Guerrero</u>	<u>4971 Hennias Road</u> <u>Hennies</u>	<u>Turner, OR 97392</u>
mgrm	<u>Domitila Guerrero</u>	<u>4971 Hennias Road</u> <u>Hennies</u>	<u>Turner, OR 97392</u>

REINSTATEMENT 08-10

11. E-mail Address: leoguerrero60@aol.com

(To be used for future annual report notifications)

12. 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 608.408, 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

Domitila Guerrero

Date

4/29/2010

Daytime Phone #

503-743-3155

Typed or printed name of signing Managing Member/Manager

Domitila Guerrero

Domitila