

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 MAR 28 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PDS000149403

1. Corporation Name

LLP Parent, Inc

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

17900 NW 5 St

3. Mailing Office Address

17900 NW 5 Street

Suite, Apt. #, etc.

Suite # 201

Suite, Apt. #, etc.

201

City & State

Pembroke Pines fl

City & State

Pembroke Pines, FL

Zip

33029

Country

Broward

Zip

33029

Country

Broward

REINSTATEMENT 06-08^{KS}

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

11/8/05

5. FEI Number

37-1550081

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

SIXTA CASTILLO

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

17900 NW 5 Street

Suite, Apt. #, Etc.

STE. 201

City

Pembroke Pines

State

FL

Zip Code

33029

☒ The 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 reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 3-24-08

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PST	SIXTA CASTILLO	17900 NW 5 ST, STE. 201	PEMBROKE PINES, FLORIDA 33029

700122762867
04/09/08--01045--005 **450.00

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/6/08 305-439-2334

Daytime Phone #

February 6, 2008

To Whom it May Concern:

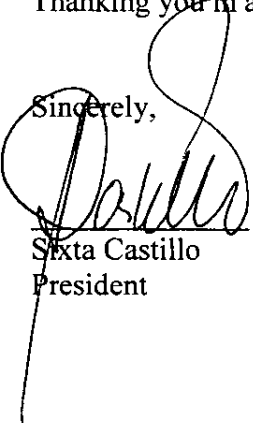
Please accept this as a request to proceed as follow in regards to these two corporations:

1. Please reinstate Company **LLP PARENT INC. Document # P05000149403** that was dissolved September 15th 2006. Unfortunaly there was a change of address (as reflected on the reinstatement form), apparently the renewal notice was never forward to our office. On September 18th 2007 we became aware of the dissolution for annual report, an attempt was made to renew via Internet but not allowed at the time.
2. Please dissolve LPP PARENT INC. Document # P07000104110. Out of ignorance this company was opened with the idea to replace pre-existing Company, (LLP PARENT INC) we assumed that this was going to take the place of the LLP PARENT INC that was dissolved but as it was explained to us at this time we need to reinstate and continue with the original Corporation that was established and in operation since November 8th 2005. Also, when soliciting the name to "replace" the aforementioned company the name was mistakenly enter wrong! For these two reasons the company needs to be dissolved.

I'm asking to kindly expedite this request as soon as possible. If there are any questions in regards to this matter do not hesitate to call at # 305 439-2334.

Thanking you in advance for your cooperation.

Sincerely,



Sexta Castillo
President