



Idaho Limited Liability Company Reinstatement Form

File online at: sosbiz.idaho.gov Reinstatement fee: \$30.00.

Return completed form to: Idaho Secretary of State Attn: Reinstatements 450 North 4th Street Boise, ID 83720

Sign and date this form and return to the address provided above.

For Office Use Only

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	Idaho Secretary of State Attn: Reinstatements 450 North 4th Street Boise, ID 83720 Phone: (208) 334-2300				ile #: 0006166 Pate Filed: 3/7/2		3:00 AM	03/07/2
SOS Control I	Number: 557182	Filing Status: Inact	ive-Dissolved (A	Administrati	ve)			<u>0</u> 25
Limited Liability Company (D)		Date Formed: 06/0	5/2017	Formation	Locale: ID			مر
Name and Ma BENNY'S FLO PO BOX 27 PAYETTE, ID			(1) Add or	r Change Mail	ing Address:			:23 AM Re
Registered Ag BENITO MANI 29 13TH AVE PAYETTE, ID	N	Office (RO) Address:	(2) Chang	ge RA and/or I	RO Address:	TO THE POINT OF TH	Section 1 Section 1	eceived
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	Note: The Regist stered Agent (RA) Signate lity Companies: Enter names	If a new agent is appoi	nted in item (2) above	, the new agen	t must sign here			Ο H h nt. H
These will not be	e accepted. Changes here wi	Il not affect the entity mailin	g address. If more	e space is n	eeded, please	add ar	attachment	. O
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(5) Signature: B	nito Manyourz		(6) Date:	3-6-	2025			cretary
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Instructions: Le	ne: Rento Manvique		•	9	te for \$30.00	3	, , , , , , , , , , , , , , , , , , , 	v,