

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000006563

1. Limited Liability Company's Name

Noynek Partners, LLC (formerly Kenyon Partners, LLC)

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

901 Ponce De Leon Blvd.

3. Mailing Office Address

901 Ponce De Leon Blvd.

Suite, Apt. #, etc.

Suite 303

Suite, Apt. #, etc.

Suite 303

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33134

Country

USA

Zip

33134

Country

USA

8. Name and Address of Current Registered Agent

Name

GBBPL Registered Agents, LLC

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

901 Ponce De Leon Blvd.

Apt. #, Etc.

Suite 303

City

Coral Gables

State

FL

Zip Code

33134

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Date June, 2019

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Jorge R. Gutierrez	901 Ponce De Leon Blvd., Suite 303	Coral Gables, FL 33134

11. E-mail Address regagent@gbbp.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date

June 24, 2019

Daytime Phone #

305.358.5100

Typed or printed name of signing authorized representative/member

Jorge R. Gutierrez, Manager

FILED

10 AUG 19 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300332728963
08/01/19--01024--001 **1353.75

CR2E041 (1/14)

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida 03/20/2002

6. FEI Number
06-2720963

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ \$5.00 Additional Fee required
for a certificate of status

REINSTATEMENT

1353.75

AUG 01 2019

CXC