


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

**10 SEP 27 PM 3:58**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

CR2E041 (05/10)

**DOCUMENT # L04000038968**  
1. Limited Liability Company's Name  
**Box Stuart 23, LLC**

2. Principal Office Address - No P.O. Box # <b>11325 NW 66 Street</b>		3. Mailing Office Address <b>5599 S University Drive</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Miami, FL</b>		City & State <b>Davie, FL</b>	
Zip <b>33178</b>	Country <b>USA</b>	Zip <b>33328</b>	Country <b>USA</b>

4. State/Country of Formation <b>FLORIDA</b>	
5. Date Organized or Qualified To Do Business in Florida <b>5-21-2004</b>	
6. FEI Number <b>203433708</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name **Mirta Chediak % SBAS**

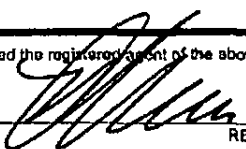
Street Address (P.O. Box Number is Not Acceptable)  
**5599 S University Dr - 306**

Suite, Apt. #, Etc.

City **Davie** State **FL** Zip Code **33328**

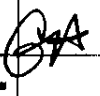
**700183171347**  
**09/03/10--80005--005 \*\*377.50**

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 **8/31/10**

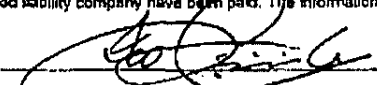
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr	Francisco Cirici	11325 NW 66 St	Miami, FL 33178

**REINSTATEMENT 09-10**  **09/03/10 - 80005-005 - \$377.50**

11. E-mail Address: **mirta@southbrowardaccounting.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 608.409, 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 **8/31/10** Daytime Phone # **786-331-8588**

Typed or printed name of signing Managing Member/Manager