

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000061005

1. Limited Liability Company's Name

3621 FLORIDA, LLC

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

2665 S. BAYSHORE DR

Suite, Apt. #, etc.

M-102

City & State

MIAMI, FL

Zip

FL 33133

Country

33133/USA

3. Mailing Office Address

2665 S. BAYSHORE DR.

Suite, Apt. #, etc.

M-102

City & State

MIAMI, FL

Zip

FL 33133

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

6/20/2005

6. FEI Number

260124055

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (1/11)

FILED
11 JUN 10 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8. Name and Address of Current Registered Agent

Name

FADI BAHRI

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

2665 S. BAYSHORE DR # M-102

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33133

E-mail Address:

200208708102
06/10/11--01002--018 **541.25

FBAHRI@MAC.COM

(To be used for future annual report notices)

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

6/9/11

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
MBE/MM	FADI BAHRI	2665 S. BAYSHORE DR. MIAMI, FL # M-102	MIAMI, FL 33133

11. 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 608.406, 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 Managing
Member/Manager

Date

6/9/11

Daytime Phone #

305/986-0515

Typed or printed name of signing Managing Member/Manager