## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT  COMPANY  REINSTATEMENT  FLORIDA DEPARTMENT OF STATE  Secretary of State  DIVISION OF CORPORATIONS				FILED  15 AUG -4 AMII: 40		
DOCUMENT # LOSOOO 109203  1. Limited Liability Company's Name LOSOOO 109203  CLERMONT BREEZE INVESTOCE				\$ECRETARY OF STATE TALLAHASSEE.FLORIDA  , LLC 900183903949 08/02/1001054006 **516.25		
Principal Office Address - No P.O. Box # , 3. Mailing Office Address				CR2E041 (05/10)		
7275 BISCAUNC BLU 2275 BISCAUNE BL				State/Country of Formation		
Suite, Apt. #, etc.	Suite. Apt. #, e			5. Date Organ	nized or Qualified ness in Fiorida	
City & State Miami City & State Miam		mi, FC	6. FEI Number		Applied For Not Applica	DI <del>e</del>
33/37 Country USA	33/5	37 Country	7	7. CERTIFICATE	OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of State	
8. Name and Address of Current Registered Agent						
Name Linette Guerra Street Address (P.O. Box Number is Not Acceptable)				L	. SELLERS	
2275 BISCAYNE Blud Ste 1			AUG 🕏 2010			
Suite, Apt. #, Etc.				EVARAINIE:		
City Miami	FL 3	3137	EXAMINER			
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.						
9. I, being appointed the registered agent of the	above named limited	liability company, am fami	liar with and ad	•		ľ
9. 1, being appointed the registered agent of the Signature of Registered Agent	REGISTERED AGE	a	HAI WITH AND AC		Date 7-30-/0	_
Signature of	LLOSS REGISTERED AGE	a	HER WITH ANG AC			
Signature of Registered Agent	REGISTERED AGE Members/Managers	NT MUST SIGN Street Add	iness of Each ember/Manage			
Signature of Registered Agent  10. Names and Street Addresses of Managing  Name of	REGISTERED AGE Members/Managers	NT MUST SIGN  Street Add Managing Mo	iress of Each ember/Manage	er	Date 7-30-/0	212
Signature of Registered Agent  10. Names and Street Addresses of Managing Titles Name of Managing Members/ Ma	REGISTERED AGE Members/Managers imagers  GURRE	NT MUST SIGN  Street Add Managing Me	dreas of Each ember/Manage	er Biscae	Date 7-30-/0	n, 4
Signature of Registered Agent  10. Names and Street Addresses of Managing Titles  Name of Managing Members/Ma  HGR Linette  Members FRank Ho	REGISTERED AGE Members/Managers imagers  GURRE	Street Add Managing Moderate Add Address of	dreas of Each ember/Manage	er Biscae	Date 7-30-10  City/State/Zip  Me Blud #/ Mian	11 K
Signature of Registered Agent  10. Names and Street Addresses of Managing Titles  Name of Managing Members/Ma  HGR Linette  Members FRank Ho	REGISTERED AGE Members/Managers Inagers  GUERE	Street Add Managing Moderate Add Address of	dreas of Each ember/Manage	er Biscae	Date 7-30-10  City/State/Zip  Me Blud #1 Migniful #1 Migniful #1 Migniful #1	n/ 4
Signature of Registered Agent  10. Names and Street Addresses of Managing Titles  Name of Managing Members/Ma  HGR Linette  Members FRank Ho  11 Gustayo M  11 Olestes L	REGISTERED AGE Members/Managers Inagers  GUERE	Street Add Managing Mr. 227	dreas of Each ember/Manage	er Biscae	Date 7-30-10  City/State/Zip  Me Blud #/ Migni ud #/ Migni, A(3)	11 A
Signature of Registered Agent  10. Names and Street Addresses of Managing Titles  Name of Managing Members/Ma  HGR Linette  Members FRank Ho  11 Gustayo M  11 Olestes L	REGISTERED AGE Members/Managers inagers  GUERE VIEL  1990	Street Add Managing Mo	dreas of Each ember/Manage	er Biscae	Date 7-30-10  City/State/Zip  Me Blud #/ Migni ud #/ Migni, A(3)	11 A
Signature of Registered Agent Street Addresses of Managing  Titles Managing Members Managin	REGISTERED AGE Members/Managers Inagers  GUERE PIPE  QGNAMO  GUERE	Street Add Managing Mo	dress of Each ember/Manage 3/54	Bisca yne Bi	Date 7-30-10  City/State/Zip  Me Blud #/ Migni ud #/ Migni, A(3)	11/42 3/37
Signature of Registered Agent  10. Names and Street Addresses of Managing Titles  Name of Managing Members/Mathematical Members Frank  Members Frank Ho  Costavo M  Costavo M  Norma J  11, E-mail Address:  12. Lectify that I am managing member/managing ling this reinstatement application the reasonal fees owed by the limited liability company as if made under oath.	REGISTERED AGE Members/Managers Inagers  GUERE VICE VICE VICE VICE VICE VICE VICE VIC	Street Add Managing Moderate Address of the Address	Areas of Each ember/Manage 2-5 4 5 5 4 5 5 5 6 6 6 6 6 6 6 6 6 6 6 6	BISTA  STA  Stion as provided true and accurate	City / State / Zip  Me Blud #/ Migni  M #/ Migni, F(3)  If or in Chapter 808, F.S., I further certify that when the and my signature shall have the same legal effective.	3/37
Signature of Registered Agent  10. Names and Street Addresses of Managing Titles  Name of Managing Members/Mathematical Members Frank  Members Frank Month of Managing Members Mathematical Members Frank  11. Certify that I am managing member/managing this reinstatement application the reasonal fees owed by the limited liability company	REGISTERED AGE Members/Managers Inagers  GUERE VICE VICE VICE VICE VICE VICE VICE VIC	Street Add Managing Moderate Address of the Address	Areas of Each ember/Manage 2-5 4 5 5 4 5 5 5 6 6 6 6 6 6 6 6 6 6 6 6	BISTA  STA  Stion as provided true and accurate	City / State / Zip  Me Blud #1 Migni  Lud #1 Migni, F(3)  11  TEMENT 2010  If or in Chapter 808, F.S., I further certify that when a the requirements of section 808, 408, F.S., and that	3/37