

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

19 AUG -4 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA.

DOCUMENT # L05000109203

1. Limited Liability Company's Name Clermont Breeze Investments, LLC

900183903949
08/02/10--01054--006 **\$16.25

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # <u>2275 Biscayne Blvd</u>		3. Mailing Office Address <u>2275 Biscayne Blvd</u>		State/Country of Formation	
Suite, Apt. #, etc. <u>1</u>		Suite, Apt. #, etc. <u>1</u>		5. Date Organized or Qualified To Do Business in Florida	
City & State <u>Miami</u>		City & State <u>Miami, FL</u>		6. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip <u>33137</u>	Country <u>USA</u>	Zip <u>33137</u>	Country <u>USA</u>	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 Linette Guerra

Street Address (P.O. Box Number is Not Acceptable)
2275 Biscayne Blvd Ste 1

Suite, Apt. #, Etc.
Suite 1

City Miami State FL Zip Code 33137

L. SELLERS

AUG 5 2010

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.

Signature of Registered Agent L Guerra Date 7-30-10

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
MGR	Linette Guerra	2275 Biscayne Blvd #1	Miami, FL
Members	Frank Huillee	2275 Biscayne Blvd #1	Miami, FL 33137
"	Gustavo Magraro	"	"
"	Orestes Lugo	"	"
"	NORMA J. GUERRA	"	"
"			

11. E-mail Address: _____ (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 608.406, 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.

Signature of Managing Member/Manager L Guerra Date 7-30-10 Daytime Phone # 305 9150148

Typed or printed name of signing Managing Member/Manager _____

REINSTATEMENT 08-2010