

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED


2023 AUG 22 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FL

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09/26/23--01041--007 **932.50

CR2E041 (1/14)

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000097886

1 Limited Liability Company's Name
MINERVA HOLDINGS, LLC

2 Principal Office Address - No P.O. Box # 2987 N Powerline Rd		3 Mailing Office Address 2987 N Powerline Rd	
Suite, Apt. #, etc.		Suite, Apt. # etc.	
City & State Pompano Beach		City & State Pompano Beach	
Zip FL	Country	Zip 33069	Country

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 10/05/2006	
6. FEI Number	Applied For <input checked="" 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
Gerson, Gary, Esq.

Street Address (P.O. Box Number is Not Acceptable) Suite
3001 PGA Blvd.

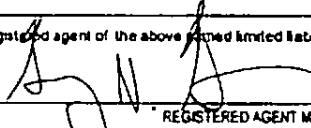
Apt. # Etc.
Suite 305

City
Palm Beach Gardens

State
FL

Zip Code
33410

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 8/10/23

REGISTERED AGENT MUST SIGN

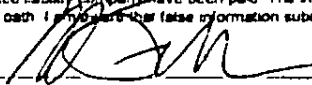
10 Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGRM	FRIEDKIN, MONTE	2987 N Powerline Rd.	Pompano Beach, FL 33069

11 E-mail Address mbrandon@eyeclassic.com

(To be used to file 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 understand 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 8/11/2023 Daytime Phone # 561-966-6200

Typed or printed name of signing authorized representative/member 561-966-6200

SEP 21 2023
D CUSHING