

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

15 APR 24 PM 2:26
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # L13000038078

1. Limited Liability Company's Name
BAGNO FLORIDA BUSINESS, LLC

2. Principal Office Address - No P.O. Box #
1728 Coral Way

3. Mailing Office Address
1728 Coral Way

Suite, Apt. #, etc.
Suite 800

Suite, Apt. #, etc.
Suite 800

City & State
Miami, FL

City & State
Miami, FL

Zip Country
33145 USA

Zip Country
33145 USA

8. Name and Address of Current Registered Agent

Name
MURAI WALD BIONDO & MORENO PA
Street Address (P.O. Box Number is Not Acceptable) Suite,
1200 PONCE DE LEON BOULEVARD
Apt. #, Etc.

City State Zip Code
MIAMI FL 33134

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
3/13/2013

6. FEI Number Applied For Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a certificate of status

400272206034

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

REGISTERED AGENT MUST SIGN

Date **4/23/15**

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
AR	Gabriel Massuh	1728 Coral Way, Suite 800	Miami, FL 33145
			APR 24 2015
			R. HUNT

11. E-mail Address: **gmassuh@bagnocli.com**

(To be used for future 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 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 authorized representative/member

Date **4/23/15**

Daytime Phone #

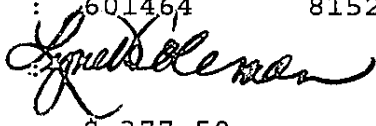
Typed or printed name of signing authorized representative/member

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 601464 81522A

AUTHORIZATION



COST LIMIT : \$ 377.50

ORDER DATE : April 23, 2015

ORDER TIME : 1:31 PM

ORDER NO. : 601464-005

CUSTOMER NO: 81522A

DOMESTIC FILINGS

NAME: BAGNO FLORIDA BUISNESS, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia Cohen - Ext# 62974

EXAMINER'S INITIALS _____

APR 24 2015

R. HUNT

RECEIVED
DEPARTMENT OF STATE
15 APR 24 PM 1:52