PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

14 OCT 17 AM 10:5F

SEC... TALLAHASSEE, FLORIDA

DOCUMENT # L13000065217

000265563810

CR2E041 (1/14)

1. Limited Liability Company's Name
CORBELY, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
5900 Collins Ave	5900 Collins Ave
Suite, Apt. #, etc.: Apt 1608	Suite, Apt. #, etc.: Apt 1608
City & State: Miami Beach, FL	City & State: Miami Beach, FL
Zip: 33140 Country: US	Zip: 33140 Country: US

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 05/03/2013

6. FEI Number ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. *Name and Address of Current Registered Agent*

Name: CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET

Suite, Apt. #, Etc.:

City: TALLAHASSEE State: FL Zip Code: 32301

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: Courtney Williams Asst. Vice President Date: 10.16.14

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
AMBR	Cesar B Tavares	5900 Collins Ave, Apt 1608	Miami Beach, FL 33140
			OCT 17 2014
			M. WILLIAMS

11. E-mail Address: _____
(To be used for future annual report notifications)

12. I cer... ...uired to execute this application as provided for in Chapter 608, F.S. I further certify that when fili... ...ny name satisfies the requirements of section 605.0012, F.S., and that all f... ...rue and accurate, and my signature shall have the same legal effect as if ma... ...egree felony as provided in s. 817.155, F.S.

Signature of a member or authorized representative of a meml

Signatu... Daytime Phone # _____

Author...

Typed or printed name of signing Authorized Representative/Manager: Cesar B Tavares
Cesar B Tavares

file first
* do not separate please *

CORPORATION SERVICE COMPANY®

ACCOUNT NO. : I20000000195

REFERENCE : 334834 7937396

AUTHORIZATION : Lynn Coleman

COST LIMIT : $ 298.75

ORDER DATE : October 13, 2014

ORDER TIME : 4:47 PM

ORDER NO. : 334834-015

CUSTOMER NO: 7937396

DOMESTIC FILINGS

RECEIVED
DEPARTMENT OF STATE
14 OCT 17 AM 10:49

NAME: CORBELY, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935

EXAMINER'S INITIALS _____