

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

14 OCT 14 PM 1:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L13000067395

1. Limited Liability Company's Name  
121 MIAMI HOLDINGS, LLC

2. Principal Office Address - No P.O. Box #  
18101 Collins Avenue

Suite, Apt. #, etc.  
4102

City & State  
Sunny Isles, FL

Zip  
33160

Country  
US

3. Mailing Office Address  
18101 Collins Avenue

Suite, Apt. #, etc.  
4102

City & State  
Sunny Isles, FL

Zip  
33160

Country  
US

CR2E041 (1/14)

4. State/Country of Formation  
Florida/US

5. Date Organized or Qualified  
To Do Business In Florida  
05/07/2013

6. FEI Number  
46-2997953

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  
NRAI SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable)  
1200 South Pine Island Road

Suite, Apt. #, Etc.

City  
Plantation

State  
FL

Zip Code  
33324

800265419488  
10/14/14--01001--012 \*\*238.7

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

*Michelle Holden, Asst. Sec.*  
REGISTERED AGENT MUST SIGN

Date 10/14/14

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
MGR	ARTURO CORONA	18101 Collins Avenue, Apt. 4102	Sunny Isles/FL/33160

11. E-mail Address: ranchocorona1@hotmail.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 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 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Date 10/13/14

Daytime Phone #

Typed or printed name of signing Authorized Representative/Manager ARTURO CORONA

**CT Corporation System**

515 E Park Avenue, Tallahassee, FL, 32301 850-205-8842

**121 MIAMI HOLDINGS, LLC**

**L13000067395**


Nonprofit

Amendment

Merger

Domestic Corporation

Dissolution/Withdrawal

Mark

Limited Partnership

Reinstatement

Other

LLC

Annual Report

Name Registration

Name Registration

Certified Copy

Fictitious Name

CUS

Photocopies

Walk In

After 4:30

Mail Out

Will Wait

Pick Up

Name

Availability \_\_\_\_\_

10/14/2014

Order#:

Document

**9310768**

Examiner \_\_\_\_\_

**KM**

Ref#:

Updater \_\_\_\_\_

Verifier \_\_\_\_\_

W.P. Verifier \_\_\_\_\_

Amount: \$