

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2014 SEP 30 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L14 000004786

1. Limited Liability Company's Name

CHUCHU Brickell, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #

848 Brickell AV

Suite, Apt. #, etc.

2605

City & State

MIAMI, FL

Zip

33131

Country

USA

3. Mailing Office Address

2221 NE 164 ST

Suite, Apt. #, etc.

371

City & State

NORTH MIAMI BEACH, FL

Zip

33160

Country

USA

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

1/9/14

6. FEI Number

46-4533004

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

ROY SILVA

Street Address (P.O. Box Number is Not Acceptable)

2221 NE 164 ST

Suite, Apt. #, Etc.

371

City

NORTH MIAMI BEACH

State

FL

Zip Code

33160

500264822455
10/28/14--01015--011 **25.00

500264822455
09/30/14--01018--011 **100.00

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

Roy Silva

REGISTERED AGENT MUST SIGN

Date 9/20/14

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	VINTAGE ASSETS LTD	848 BRICKELL KEY DR #2605	MIAMI, FL 33131
	REINSTATEMENT		

11. E-mail Address: MIAMI1603@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

Guy Louder

Date

9/20/14

Daytime Phone #

786.955 8756

Typed or printed name of signing Authorized Representative/Manager

VINTAGE ASSETS LTD, BY GUY LOUDER

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