

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

18 MAY -8 PM 4:12

DOCUMENT # 114000113337

1. Limited Liability Company's Name  
VIBE CLASS FITNESS SUNNY ISLES, LLC

100313182551  
05/08/18--01016--029 \*\*277.50

2. Principal Office Address - No P.O. Box # 323 SUNNY ISLES BLVD		3. Mailing Office Address 323 SUNNY ISLES BLVD	
Suite, Apt #, etc STE 101		Suite, Apt #, etc STE 101	
City & State SUNNY ISLES BEACH, FL		City & State SUNNY ISLES BEACH, FL	
Zip 33160	Country USA	Zip 33160	Country USA

CR2E041 (1/14)

4. State/Country of Formation FLORIDA/UNITED STATES	
5. Date Organized or Qualified To Do Business in Florida 07/17/2014	
6. FEI Number 38-3937455	Applied For <input 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  
ELO ENTERPRISES, INC

Street Address (P.O. Box Number is Not Acceptable) Suite,  
4700 NW BOCA RATON BLVD

Apt #, Etc  
STE 202

City  
BOCA RATON

State  
FL

Zip Code  
33431

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 05/01/2018

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
MGR	PAULO CESCHIN	3030 NE 188TH STREET #102	AVENTURA, FL 33180
MGR	RAFAEL CESCHIN	3030 NE 188TH STREET #102	AVENTURA, FL 33180
REINSTATEMENT			
2017-2018			

11. E-mail Address Rceschin@vibeclass.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver of Justice 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 05/01/2018

Daytime Phone # 305 333 1528

Typed or printed name of signing authorized representative/member RAFAEL CESCHIN