

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2523 NOV 24 PM 12:07

DOCUMENT # L18000088199

1. Limited Liability Company's Name

GODZAC INVESTMENTS, LLC

300853846628
11/24/20--01035--015 --*222.75

2. Principal Office Address - No P.O. Box #
2199 Ponce de Leon Boulevard

Suite, Apt. #, etc.

Suite 301

City & State

Coral Gables, FL

Zip

33134

Country

United States

3. Mailing Office Address

2199 Ponce de Leon Boulevard

Suite, Apt. #, etc.

Suite 301

City & State

Coral Gables, FL

Zip

33134

Country

United States

CR2E041 (1/14)

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 04/11/2018

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

ALEX D. SIRULNIK, P.A.

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

2199 Ponce de Leon Boulevard

Apt. #, Etc.

Suite 301

City

Coral Gables

State

FL

Zip Code

33134

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

[Signature]

Date

11/18/2020

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	Maria Jose Zachrisson	2199 Ponce de Leon Blvd., Suite 301	Coral Gables, FL 33134

REINSTATEMENT

NOV 24 2020

R. HUNT

11. E-mail Address djs@sirulniklaw.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

[Signature]

Date

11/18/2020

Daytime Phone #

Typed or printed name of signing authorized representative/member

Maria Jose Zachrisson