

APPLICATION FOR
REINSTATEMENT FOR
LIMITED LIABILITY COMPANY



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 NOV 20 PM 1:26

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT # **L94000000350**

Exquisite Home Journey's End, L.C.
6800 S.W. 40th St.
Suite 455
Miami, FL 33155

1a. Principal Place of Business Address

6800 S.W. 40th St.
Suite 455
Miami, FL 33155

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

7/25/94

3a. State of Formation

FL

4. FEI Number

65-0507350

☐ Applied For

☐ Not Applicable

5. Date of Last Report

5/30/1996

6. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

Luis A. Alvarez
434 Rovino Ave.
Coral Gables, FL 33156

Name

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

Suite, Apt. #, etc.

City

400002357384--9

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*****712.50 ****712.50*

Zip Code

FL

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Date

11/1/97

10. Title

Managing Members/Manager

Business Street Address

City, State & Zip Code

MEM	<i>Luis A. Alvarez</i>	<i>6800 SW 40th St ; suite 455 Miami FL</i>	<i>33155</i>
MEM	<i>Resnick, Trevor</i>	<i>3200 SW 60th Ct</i>	<i>Miami, FL 33155</i>
MEM	<i>DeRay, Marcel</i>	<i>3200 SW 60th Ct</i>	<i>Miami, FL 33155</i>
MEM	<i>Luis A. Alvarez Family, L.C.</i>	<i>6800 S.W. 40th St</i>	<i>Miami, FL 33155</i>

REINSTATEMENT

97 cus
dec

11. I certify that I am managing member/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 608.406, 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.

Signature of
Managing Member/Manager

Date

11/1/97

Daytime Phone #

305-663-1144

Typed or printed name of signing Managing Member/Manager

Luis A. Alvarez, manager