

APPLICATION FOR
REINSTATEMENT FOR
LIMITED LIABILITY COMPANY



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

FILED

99 FEB 24 PM 2:00

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT # L 93 000000411

C. REEF, L.C.
407 LINCOLN RD. #5C
MIAMI BEACH, FL. 33139

1a. Principal Place of Business Address

407 LINCOLN RD.
#5C
MIAMI BEACH, FL. 33139

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

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

11/23/93

3a. State of Formation

FLA.

4. FEI Number

65.0449641

☐ Applied For

☐ Not Applicable

5. Date of Last Report

1997

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

CEDRIK DENAIN
1121 CRANDON BLVD. E 406
Key Biscayne, FL. 33149

8. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, etc.

City

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

[Signature]

Date: 03-02-99

10. Title

Managing Members/Managers

Business Street Address

City, State & Zip Code

MBR J. J. MURRAY
MBR CEDRIK DENAIN

407 LINCOLN RD. #5C
407 LINCOLN RD. #5C

MIAMI BEACH, FL. 33139
MIAMI BEACH, FL. 33139

7000002799617--5

-03/09/99--01070--001

****188.75 ****188.75

7000002799617--5

-03/09/99--01070--002

****688.75 ****688.75

REINSTATEMENT

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

[Signature]

Date

12/1/98

Daytime Phone

(305) 622-1115

Typed or printed name of signing Managing Member/Manager CEDRIK DENAIN