

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 24 PM 11:02

DOCUMENT # **Z00482**

1. Limited Liability Company's Name

290 Sunrise Dr. LLC

**KEY ISLANDER APTS.
290 Sunrise Dr.
Key Biscayne, Fla. 33149**

2. Principal Office Address

290 SUNRISE DR

Suite, Apt. #, etc.

Office

City & State

Key Biscayne Fl.

Zip

33149

Country

USA

3. Mailing Office Address

290 SUNRISE DR

Suite, Apt. #, etc.

Office

City & State

Key Biscayne Fl.

Zip

33149

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

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

John Catanio

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

290 SUNRISE DR.

Suite, Apt. #, Etc.

Office

City

Key Biscayne Fl.

State

FL

Zip Code

33149

600003458136-7

-11/09/00--01020--020

******155.00 ****155.00**

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

John Catanio
REGISTERED AGENT MUST SIGN

Date **10-20-00**

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr.	John Catanio	290 Sunrise Dr.	Key Biscayne Fl 33149

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

John Catanio

Date **10-20-00** Daytime Phone # **305-361-2464**

Typed or printed name of signing Managing Member/Manager