

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

2002 LLC
APPLICATION
FOR
REINSTATEMENT
LLC



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -7 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000020213

Name and Mailing Address

0009950 01 FP 0.352 **PRSR H5 0 0615 33181-331010



THALASSA, LLC
1910 N.E. 119 ROAD
NORTH MIAMI FL 33181-3310



2. New Mailing Address 9700 Collins ave # 135 City, State, Zip: Bal Harbour FL 33154		4. State/Country of Formation FL	
Principal Place of Business 1910 N.E. 119 ROAD NORTH MIAMI FL 33181		5. Date Organized or Qualified To Do Business in Florida 11/21/2001	
3. New Principal Place of Business Address 9700 Collins ave # 135 City, State, Zip: Bal Harbor, FL 33154		6. FEI Number 010608928 ☐ Applied For ☐ Not Applicable	
8. Name and Address of Current Registered Agent MARX, JAMES 200 S. BISCAYNE BLVD., STE. 1870 MIAMI FL 33131		7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status	
		9. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable) 700008833177	
		City, State, Zip 11/06/02--01098--003 **50.00 FL Zip Code	
10. 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: 10/28/02 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	BARLOS, ANTHANASIOS	1910 N.E. 119 ROAD	NORTH MIAMI FL 33181
MGR	MCNAUGHTON BARLOS, ERIN	1910 N.E. 119 ROAD	NORTH MIAMI FL 33181

12. 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 10/28/02 Daytime Phone # 305-866-2727

Athanasios L. Barlos

CR2E084 (8/02)

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THALASSA L.L.C. (ELIA RESTAURANT)

9700 COLLINS AVE #135
BAL HARBOUR, FL 33154Phone: 305 866-2727
Fax: 305 866-2344
Email: Elia_BHS@msn.com

Fax Transmittal Form

To

Name: Brenda

Organization Name/Dept:

CC:

Phone number:

Fax number:

850-410-1015

From

ATHANASIOS L. BARLOS

Phone: 305 866-2727

Fax: 305 866-2344

Email: Elia_BHS@msn.com

Urgent

For Review

Please Comment

Please Reply

Date sent: 11/7/02

Time sent: 11:43 A.M.

Number of pages including cover page: 1

Message:

Dear Brenda,

Pursuant to our conversation -
Please be aware that I, nor
Mr. Barlos have seen the
Uniform business reports.
Nothing has come thru this
office - to our knowledge.

Thank - you.

Please call me for any other
information.

Sincerely,

Ida Lang, Office Manager