

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L03000051248**

1. Limited Liability Company's Name

**CHROME MIAMI, LLC**

2. Principal Office Address

**c/o Urbana Development, LLC**

3. Mailing Office Address

**c/o Urbana Development, LLC**

Suite, Apt. #, etc.

**35 NE 40th Street**

Suite, Apt. #, etc.

**35 NE 40th Street**

City & State

**Miami, FL**

City & State

**Miami, FL**

Zip

**33137**

Country

**USA**

Zip

**33137**

Country

**USA**

4. State/Country of Formation

**Florida**

5. Date Organized or Qualified  
To Do Business in Florida

**12/09/2003**

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

**NRA Services, Inc. FABRIEN TREMOUET**

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

**526 E Park Avenue 5046 BISCAYNE BLVD**

Suite, Apt. #, Etc.

City

**Tallahassee MIAMI**

State

**FL**

Zip Code

**33137**

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

**NRA Services, Inc.**

REGISTERED AGENT MUST SIGN

Date

**11/17/04**

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	Urbana Development, LLC	35 NE 40th Street	Miami, FL 33137

700041909257  
10/15/04--01098--019 \*\*150.00

**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

Date **10-14-04**

Daytime Phone# **305-571-8300**

Typed or printed name of signing Managing Member/Manager **Jeremy Green**

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2EM1 (10/02)