

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

1. Limited Liability Company's Name
3129 Mundy, LLC

2. Principal Office Address - No P.O. Box #
685 Curtiswood Dr

Suite, Apt. #, etc.

City & State
Key Biscayne, FL

Zip	Country
33149	US

3. Mailing Office Address
685 Curtiswood Dr

Suite, Apt. #, etc.

City & State
Key Biscayne, FL

Zip	Country
33149	

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida
April 21, 2005

6. FEI Number	Applied For
	<input checked="" type="checkbox"/> 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 **Gregory Han**

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

Suite, Apt. #, Etc.

City **Key Biscayne**

State	Zip Code
FL	33149

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 12/20/02

REGISTERED AGENT MUST SIGN

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
MGRM	Gregory Han	685 Curtiswood Dr	Key Biscayne FL 33149

100163546631
12/11/09 01049 012 **555.00

JB

REINSTATEMENT 2006-09

11. E-mail Address: LLC@greghan.com

(To be used for future annual report notifications)

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 [Signature] Date 12/8/13 Daytime Phone # 305 361 2133

Typed or printed name of signing Managing Member/Manager Gregory Han