PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

14 OCT 14 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/14)

DOCUMENT # L13000067395

1. Limited Liability Company's Name
121 MIAMI HOLDINGS, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
18101 Collins Avenue	18101 Collins Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
4102	4102
City & State	City & State
Sunny Isles, FL	Sunny Isles, FL
Zip / Country	Zip / Country
33160 / US	33160 / US

4. State/Country of Formation
Florida/US

5. Date Organized or Qualified To Do Business In Florida
05/07/2013

6. FEI Number
46-2997953
☐ 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
NRAI SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City: Plantation | State: FL | Zip Code: 33324

800265419488
10/14/14--01001--012 **238.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Michele Holden Asst. Sec. Date: 10/14/14
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	ARTURO CORONA	18101 Collins Avenue, Apt. 4102	Sunny Isles/FL/33160

11. E-mail Address: ranchocorona1@hotmail.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: _____ Date: 10/13/14 Daytime Phone #: _____

Typed or printed name of signing Authorized Representative/Manager: ARTURO CORONA

CT Corporation System 515 E Park Avenue, Tallahassee, FL, 32301 850-205-8842

121 MIAMI HOLDINGS, LLC **L13000067395**

( ) Nonprofit
()Domestic Corporation
() Limited Partnership
() LLC

() Certified Copy

(x) Walk In
( ) Mail Out

Name Availability _____
Document Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

() Amendment
( ) Dissolution/Withdrawal
(X) Reinstatement
() Annual Report

( ) Name Registration
() Fictitious Name

() Photocopies

( ) Will Wait

10/14/2014

KM

( ) Merger
( ) Mark
() Other

() CUS

( ) After 4:30
(x) Pick Up

Order#:
9310768

Ref#:

Amount: $