7/2/2019 Division of Corporation

L15000177859

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

LIMITED LIABILITY REINSTATEMENT
17201 BISCAYNE BOULEVARD UNIT 1503 LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$238.75

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

19 JUL 3 AM 7:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L15000177859

1. Limited Liability Company's Name

17201 Biscayne Boulevard Unit 1503 LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
17201 Biscayne Blvd	17201 Biscayne Blvd
Suite, Apt. #, etc. Unit #1503	Suite, Apt. #, etc. Unit #1503
City & State North Miami Beach, Florida	City & State North Miami Beach, Florida.
Zip 33162 / Country USA	Zip 33162 / Country USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 10/20/2015

6. FEI Number: 47-5356496 ☐ 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: CT Corporation System

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

Suite, Apt. #, Etc.: Suite 250

City: Plantation. State: FL Zip Code: 33324

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: Kimberly Laughrey - Asst. Sec. Date: 7/2/19

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
MRS	Rosa Maria Neme	17201 Biscayne Blvd., Unit 1503	North Miami Beach, Fl 33160

JUL 03 2019

11. E-mail Address: rosaneme@uol.com.br

(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 605.0112, 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: 6-26-19 Daytime Phone #: 5511991574595

Typed or printed name of signing Authorized Representative/Manager: Rosa Maria Neme