

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



DIVISION OF CORPORATIONS

L02000022532

FILED

03 NOV 21 AM 9:21

1. DOCUMENT # L02000022532

Name and Mailing Address

0006271 01 AT 0.292 **AUTO T4 0 0615 33141-356123



2023 CALAIS, LLC
2023 CALAIS DRIVE
MIAMI FL 33140-3561



BK

| | | | |
|--|--|--|--|
| 2. New Mailing Address 2023 CALAIS DRIVE | | 4. State/Country of Formation FL | |
| City, State, Zip MIAMI, FLORIDA 33140-3561 | | 5. Date Organized or Qualified To Do Business in Florida 08/29/2002 | |
| Principal Place of Business 2023 CALAIS DRIVE MIAMI FL 33140 | 3. New Principal Place of Business Address City, State, Zip | 6. FEI Number | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| | | 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status | |

| | | | |
|--|--|--|--|
| 8. Name and Address of Current Registered Agent FILINGS, INC. 3732 NORTHWEST 16TH STREET FORT LAUDERDALE FL 33311 | | 9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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] **SIGNATURE REQUIRED** Date: 11-01-03

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 |
| MGRM | MCMAHON, DENNIS | 2023 CALAIS DRIVE | MIAMI FL 33140 |
| MGRM | CHRISTINA MCQUIN MCMAHON | 2023 CALAIS DRIVE | MIAMI FL 33140 |
| 600025199696 12/01/03--01003--011 **150.00 | | | |
| REINSTATEMENT 2003 | | | |

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] **SIGNATURE REQUIRED** Date: 11/01/03 Daytime Phone #: 415 867 7646

Typed or printed name of signing Managing Member/Manager: Dennis McMahon