

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

02 DEC 10 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
BUSINESS REINSTATEMENT

L00000007985

DOCUMENT # L00000007985

1. Limited Liability Company's Name

FANTASY OF THE OCEAN LLC

REINSTATEMENT

2. Principal Office Address

16375 NE 18th Ave

Suite, Apt. #, etc.

201

City & State

North Miami Beach-Florida

Zip

33162

Country

USA

3. Mailing Office Address

16375 NE 18th Ave

Suite, Apt. #, etc.

201

City & State

NMB-FI

Zip

33162

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

7/7/2000

6. FEI Number

65-0949119

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

GARY BROWN

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

4000 HOLLYWOOD BLVD

Suite, Apt. #, Etc.

265 South

City

Hollywood

State

FL

Zip Code

33021

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

REGISTERED AGENT MUST SIGN

Date

12/4/02

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
MEM	Robert Henderson	14411 Commerce Way Suite 320	Miami Lakes-FI 33016
MEM	Enrique Soltanik	16375 NE 18th Av Suite 201	NMB-FL 33162
MEM	Miguel Depalma	16375 NE 18th Av Suite 201	NMB-FL 33162
MEM	Luis Pilatti	16375 NE 18th Av Suite 201	NMB -FI 33162

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 12/4/02

Daytime Phone # 305-9488650

Typed or printed name of signing Managing Member/Manager

Enrique Soltanik

CR2E041 (9/01)