

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC 21 PH 3:06

DOCUMENT # **L000000009098**

1. Limited Liability Company's Name

WALMER-AVENTURA L.L.C.

2. Principal Office Address

18829 BISCAYNE BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

18829 BISCAYNE BLVD

Suite, Apt. #, etc.

City & State

AVENTURA, FL

City & State

AVENTURA, FL

Zip

33180

Country

USA

Zip

33180

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

8-1-2000

6. FEI Number

65-1032320

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

JAY O. MUSSMAN

700004751837-1

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

1675 NORTH COMMERCE PARKWAY

01/04/02-01054-012

******150.00 ****150.00**

Suite, Apt. #, Etc.

City

WESTON

State

FL

Zip Code

33326

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

JAY O. MUSSMAN

Date **12-8-01**

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	WALMER GROUP CORPORATION	18829 BISCAYNE BLVD	AVENTURA-FL-33180

REINSTATEMENT

Rein \$100.00
UBR 50.00
150.00
nc

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 **12-9-01**

Daytime Phone # **954-728-9400**

Typed or printed name of signing Managing Member/Manager

CARLOS TILLY - PRESIDENT WALMER GROUP CORPORATION