

L00000010931

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JUL -7 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L00000010931**

1. Limited Liability Company's Name

RUNNING BROOK, LLC

000017547950
07/07/03--01022--018 **50.00

000017547950
04/30/03--01028--007 **150.00

2. Principal Office Address

520 Brickell Key Dr.

Suite, Apt. #, etc.

Suite 305

City & State

Miami, FL

Zip
33131

Country
USA

3. Mailing Office Address

520 Brickell Key Dr.

Suite, Apt. #, etc.

Suite 305

City & State

Miami, FL

Zip
33131

Country
USA

4. State/Country of Formation

FLORIDA/USA

5. Date Organized or Qualified

To Do Business in Florida **09/12/2000**

6. FEI Number

03-0510902

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

FREEMAN, STEPHEN A

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

520 Brickell Key Drive,

Suite, Apt. #, Etc.

Suite 0-305

City

Miami

State
FL

Zip Code

33131

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 **4/10/03**

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
MGR	GAYSINA, NADEZDA	520 Brickell Key Dr. #305	Miami, FL 33131

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

Paula...

Date **4/10/03**

Daytime Phone # **305 374-3800**

Typed or printed name of signing Managing Member/Manager **MANAGER**

CR2E041 (10/02)