

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 OCT 18 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L0000011233

1. Limited Liability Company's Name

WALTER MARBLE LLC
2727 NORTH ANDREWS AVE., STE 102
FORT LAUDENDALE, FL 33311

2. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 2001

4. State/Country of Formation

**5. Date Organized or Qualified
To Do Business in Florida**

09/19/2000

6. FEI Number

65-1040382

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

WALTER A. CIFUENTES

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

2727 NORTH ANDREWS AVE, STE 102

Suite, Apt. #, Etc.

City

FORT LAUDENDALE, FL 33311

State
FL

Zip Code

33311

800004653838-7

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****155.00 ****155.00

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 10-16-01

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

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WALTER A. CIFUENTES

2727 N. ANDREWS AVE #102

FT. LAUDENDALE, FL 33311

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 10-16-01

Daytime Phone # (954) 564-2027

Typed or printed name of signing Managing Member/Manager