

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 DEC 22 AM 8:27

DOCUMENT #

L00000011729

1. Limited Liability Company's Name

D/A RIMINI LLC

900062353879
12/22/05--01033--006 **350.00

CR2E041 (8/05)

2. Principal Office Address

21150 Pointe Place

3. Mailing Office Address

21150 Pointe Place

Suite, Apt. #, etc.

1203

Suite, Apt. #, etc.

1203

City & State

Aventura, FL

City & State

Aventura, FL

Zip

33180

Country

Zip

33180

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

9/27/00

6. FEI Number

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

Alan L Freeman, CPA

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

1 SE 3rd St.

Suite, Apt. #, Etc.

2150

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

Alan L Freeman
REGISTERED AGENT MUST SIGN

Date

12/20/05

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	David Aouate	21150 Pointe Place, STE 1203	Aventura, FL 33180

REINSTATEMENT 01-05

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

David Aouate

Date 12-20-05

Daytime Phone # 3054419102

Typed or printed name of signing Managing Member/Manager