L DOOOOOO14717

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L DOOOOOO14717

1. Limited Liability Company's Name
SOUTHERN GETAWAY, LLC

100307113281
12/27/17--01023--002 **2483.75

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #
227 NORTH OCEAN BLVD.

Suite, Apt. #, etc.
#203

City & State
BOCA RATON, FL

Zip: 33431 Country: USA

3. Mailing Office Address
227 NORTH OCEAN BLVD.

Suite, Apt. #, etc.
#203

City & State
BOCA RATON

Zip: FL Country: USA

4. State/Country of Formation: FL/USA

5. Date Organized or Qualified To Do Business in Florida: 11/29/2000

6. FEI Number: Applied For / X 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: FLAVIA GUSMANO

Street Address (P.O. Box Number is Not Acceptable) Suite,
227 NORTH OCEAN BLVD.

Apt. #, Etc.
#203

City: BOCA RATON State: FL Zip Code: 33431

9. I being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

* Signature of Registered Agent: Flavia Gusmano Date: 12/8/2017

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	FLAVIA GUSMANO	227 NORTH OCEAN BLVD. #203	BOCA RATON, FL 33431

* 11. E-mail Address: daniel galvin@msn.com
(To be used for future annual report notifications)

* 12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member: Flavia Gusmano Date: _____ Daytime Phone #: 718 423 7788

Typed or printed name of signing authorized representative/member: _____

FILED
2017 DEC 28 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 28 2017

R