

L0000000/5347 205

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

02 JUN 17 PM 4:42

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L0000000/5347

1. Limited Liability Company's Name

114 Antiguera LLC

2. Principal Office Address

1110 Brickell Ave

Suite, Apt. #, etc.

Suite # 210

City & State

Miami Fla

Zip

33131

Country

Dade

3. Mailing Office Address

2001-2002

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

12/12/02

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

Larry S RIFKIN

000005913960--0

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

1110 Brickell Ave

-06/24/02--01012--001

****205.00 ***205.00

Suite, Apt. #, Etc.

Suite # 210

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 6/11/02

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 |
|---------|--------------------------------------|---|--------------------|
| Manager | Caridad Anton | 1180 NW 26 Ave Rd | Miami FL 33125 |
| | | | |
| | | | |
| | | | 150.00 - Adm |
| | | | 50.00 - CF |
| | | | 5.00 - Cert |

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

[Signature]

Date 6/11/02

Daytime Phone # (305) 371-2777

Typed or printed name of signing Managing Member/Manager

CARIDAD ANTON

CR2E041 (9/01)