

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC -6 PM 3:04

DOCUMENT # L00000016149

1. Limited Liability Company's Name

EAST POINT HOLDINGS, LLC

2. Principal Office Address

4775 COLLINS AVE

Suite, Apt. #, etc.

APT. 1906

City & State

MIAMI BEACH, FLA

Zip

33140

Country

3. Mailing Office Address

1313 PONCE DE LEON BLVD.

Suite, Apt. #, etc.

SUITE 301

City & State

CORAL GABLES, FLA

Zip

33134

Country

4. State/Country of Formation

FLORIDA

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

DEC 27, 2000

6. FEI Number

65-1143649

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$3.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

JORGE SANCHEZ-GALARRAGA, ESQUIRE

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

1313 PONCE DE LEON BLVD.

Suite, Apt. #, Etc.

SUITE 301

City

CORAL GABLES

State

FL

Zip Code

33134

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 Dec. 3, 2001

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
M/M	VIRGINIA E. PUGLIESE	4775 COLLINS AVE APT. 1906	MIAMI BEACH FLORIDA 33140

REINSTATEMENT 2001

Rein 100
UBR 50
150

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 12/3/01

Daytime Phone # (305) 445-5351

Typed or printed name of signing Managing Member/Manager VIRGINIA E. PUGLIESE

CR2E041 (9/01)