

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 DEC 28 PM 2:19

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L1000002787

1. Limited Liability Company's Name

Venice Griffin, LLC

2. Principal Office Address - No P.O. Box #

14935 S.W. 52nd St

Suite, Apt. #, etc.

N/A

City & State

MIRAMAR, FL

Zip

33027

Country

BROWARD

3. Mailing Office Address

14935 S.W. 52nd St

Suite, Apt. #, etc.

N/A

City & State

MIRAMAR, FL

Zip

33027

Country

BROWARD

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

12-31-01

6. FEI Number

65-1071403

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

CYNTHIA GRIFFIN

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

14935 S.W. 52nd St

Suite, Apt. #, Etc.

N/A

City

MIRAMAR

State
FL

Zip Code
33027

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

X Cynthia Griffin

REGISTERED AGENT MUST SIGN

Date 12/06/07

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
Chair	ZACHARY GRIFFIN	14935 S.W. 52 nd St.	MIRAMAR, FL 33027
Vice Chair	CYNTHIA GRIFFIN	14935 S.W. 52 nd St	" " "
Sec.	CYNTHIA GRIFFIN	14935 S.W. 52 nd St	" " "

REINSTATEMENT

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12/20/07--01028--013 **155.00
05-07

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 12/6/07

Daytime Phone # 954-682-4941

Typed or printed name of signing Managing Member/Manager