

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000004448

1. Limited Liability Company's Name

CRICKET CLUB 603, L.L.C.

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

1800 N.E. 114TH STREET

Suite, Apt. #, etc.

UNIT 603

City & State

MIAMI, FL

Zip

33181

Country

US

3. Mailing Office Address

1800 N.E. 114TH STREET

Suite, Apt. #, etc.

UNIT 603

City & State

MIAMI, FL

Zip

33181

Country

US

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida 03/22/2001

6. FEI Number

65-6365572

☐ 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

SILVANA FACCHINI

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

1800 N.E. 114TH STREET

Suite, Apt. #, Etc.

UNIT 603

City

MIAMI

State

FL

Zip Code

33181

☒ 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 Silvana Facchini

REGISTERED AGENT MUST SIGN

Date 10/29/2009

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	SILVANA FACCHINI	1800 N.E. 114TH STREET UNIT 603	MIAMI, FL 33181

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

x Silvana Facchini

Date 10/29/2009

Daytime Phone # (305) 725-0838

Typed or printed name of signing Managing Member/Manager

SILVANA FACCHINI

FILED

2009 NOV -3 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000162418950
11/02/09--01063--017 **832.50

CR2E041 (10/08)

000162418950
11/02/09--01063--017 **832.50

REINSTATEMENT

04-09

11409