

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2005 MAY -5 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000004808

1. Limited Liability Company's Name

CARIB HIBISCUS DEVELOPMENT, L.L.C.

2. Principal Office Address

13370 SW 131 Street

3. Mailing Office Address

13370 SW 131 Street

Suite, Apt. #, etc.

Unit 112

Suite, Apt. #, etc.

Unit 112

City & State

Miami, FL

City & State

Miami, FL

Zip

33186

Country

USA

Zip

33186

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

4/24/2002

6. FEI Number

651106568

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

KRAMER & RASSNER, P.A.

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

7700 N. Kendall Drive

Suite, Apt. #, Etc.

Suite 510

City

Miami

State
FL

Zip Code
33156

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

Date 5/3/05

REGISTERED AGENT MUST SIGN

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	Vasconcellos, Richard	13370 SW 131 Street, Unit 112	Miami, FL 33186

300055719943
06/03/05-01057-003 **250.00

REINSTATEMENT 03-05

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 5-3-05 Daytime Phone # 305-238-1553

Typed or printed name of signing Managing Member/Manager Richard Vasconcellos

CR2ED041 (10/02)