

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR 14 AM 8:05

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # L01000005598

1. Limited Liability Company's Name

Millani, L.L.C.

200149615832
04/13/09--01005--005 **\$655.00
CR2E041 (10/08)

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

% John G. Admire

Suite, Apt. #, etc.

2555 Ponce de Leon Blvd., Ste.320

City & State

Coral Gables

Zip

33134

Country

USA

3. Mailing Office Address

% John G. Admire

Suite, Apt. #, etc.

2555 Ponce de Leon Blvd., Ste.320

City & State

Coral Gables

Zip

33134

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 4/11/2001

6. FEI Number

26-4585900

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

c/o John G. Admire

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

2555 Ponce de Leon Blvd.

Suite, Apt. #, Etc.

Suite 320

City

Coral Gables

State

FL

Zip Code

33134

☐ 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

Date

4/14/09

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
MGRM	Spring, Jennifer	Manor Farm House	Northmoor, Oxfordshire OX295BA
SECY	Heathcote, Wayne	Manor Farm House	Northmoor, Oxfordshire OX295BA

L. SELLERS

REINSTATEMENT

APR 15 2009

EXAMINER

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

4/2/09

Daytime Phone #

(305) 774 7292

Typed or printed name of signing Managing Member/Manager

Jennifer Spring