

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT

DIVISION OF CORPORATE

FILED

02 NOV -5 AM 11:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L01000008533

1. Limited Liability Company's Name

Endeavor Properties, L.L.C.

2. Principal Office Address

635 SW 1st Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 80-2408

Suite, Apt. #, etc.

City & State

Homestead, FL

City & State

Aventura, FL

Zip

33081

Country

USA

Zip

33280

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified  
To Do Business in Florida

5/25/01

6. FEI Number

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

Antonio Duque

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

635 SW 1st Ave

Suite, Apt. #, Etc.

City

Homestead

State  
FL

Zip Code

33081

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

10/31/02

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
member	Antonio Duque	635 SW 1st Ave	Homestead, FL 33081

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REINSTATEMENT

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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

10/31/02

Daytime Phone #

305-965-6939

Typed or printed name of signing Managing Member/Manager

Antonio Duque

CR2E041 (9/01)