

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

2021-2022 AR

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

2022 MAY -2 AM 11:38

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

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CR2E041 (1/14)

DOCUMENT # L01000009304

1. Limited Liability Company's Name

Cutler Properties, LC, a Florida limited liability company

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

1300 Brickell Ave

Suite Apt #, etc

3. Mailing Office Address

1300 Brickell Ave

Suite Apt #, etc

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33131

Country

USA

Zip

33131

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

06/11/2001

6. FEI Number

54-2079189

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

Olga De Los Santos, Esq.

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

1300 Brickell Ave

Apt #, Etc

City

Miami

State

FL

Zip Code

33131

51 5/22

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

[Signature]

Date

4-20-22

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representative/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Bay Cut Properties LLC	1300 Brickell Ave	Miami, Florida 33131

11. E-mail Address olga@fortuneintlgroup.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605 0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

[Signature]

Date

4-20-22

Daytime Phone #

305 351-1000

Typed or printed name of signing authorized representative/member