

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

02 DEC 17 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000009768

Name and Mailing Address

0003103 01 FP 0.352 **PRSR TO 0 0615 33304-402039



INKA GRAND FLORIDA II, LLC
539 NORTH BIRCH ROAD
FORT LAUDERDALE FL 33304-4020



CR2E084 (8/02)

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL																					
3. New Principal Place of Business Address City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 06/19/2001																					
Principal Place of Business 539 NORTH BIRCH ROAD FORT LAUDERDALE FL 33304		6. FEI Number 65-1114954	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>																				
8. Name and Address of Current Registered Agent KOSLOWSKI, CASEY KARL 539 NORTH BIRCH ROAD FORT LAUDERDALE FL 33304		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status																					
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		200009559202 12/17/02--01049--005 FL Zip Code																					
10. 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 <u>[Signature]</u> Date <u>12-12-22</u> REGISTERED AGENT MUST SIGN																							
11. Names and Street Addresses of Each Managing Member/Manager <table border="1"> <thead> <tr> <th>Title(s)</th> <th>Name of Managing Members/Managers</th> <th>Street Address of Each Managing Member/Manager</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>PRES.</td> <td>RICHARD KOSLOWSKI</td> <td>3962 PROSPECT AVE.</td> <td>SHOREWOOD, WI 53211</td> </tr> <tr> <td>V.P.</td> <td>CASEY KOSLOWSKI</td> <td>1800 PURDY DR #910</td> <td>MIAMI BEACH, FL 33139</td> </tr> <tr> <td>TREAS</td> <td>KARL KOSLOWSKI</td> <td>N76 W14934 CLARE DR.</td> <td>MENOMONCE FALLS, WI, 53051</td> </tr> <tr> <td>SEC</td> <td>INGRID KOSLOWSKI</td> <td>N76 W14934 CLARE DR</td> <td>MENOMONCE FALLS, WI 53051</td> </tr> </tbody> </table>				Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	PRES.	RICHARD KOSLOWSKI	3962 PROSPECT AVE.	SHOREWOOD, WI 53211	V.P.	CASEY KOSLOWSKI	1800 PURDY DR #910	MIAMI BEACH, FL 33139	TREAS	KARL KOSLOWSKI	N76 W14934 CLARE DR.	MENOMONCE FALLS, WI, 53051	SEC	INGRID KOSLOWSKI	N76 W14934 CLARE DR	MENOMONCE FALLS, WI 53051
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REINSTATEMENT

[Signature]

12. 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 12-12-22 Daytime Phone # 305-302-0988

Typed or printed name of signing Managing Member/Manager