

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2007 MAR 23 AM 9:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L01000017921

1. Limited Liability Company's Name

Miami loop, LLC

CR2E041 (1/07)

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

1508 Bay Rd 1

Suite, Apt. #, etc.

# 951

City & State

Miami Beach, FL

Zip

33139

Country

Miami-Dade

3. Mailing Office Address

1508 Bay Rd.

Suite, Apt. #, etc.

# 951

City & State

Miami Beach, FL

Zip

33139

Country

Miam-Dade

4. State/Country of Formation

Miami-Dade FL

5. Date Organized or Qualified

To Do Business in Florida 10/18/2001

6. FEI Number

65-1150657

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

Kurt Stange

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

1508 Bay Rd

Suite, Apt. #, Etc.

# 951

City

Miami Beach

State

FL

Zip Code

33139

☒ 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

Kurt Stange

REGISTERED AGENT MUST SIGN

Date

3/17/07

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
CEO	Kurt Stange	1508 Bay Rd, #951	Miami Beach, FL 33139
			500095222715 03/29/07--01025--023 **100.00
			500095222715 03/29/07--01025--024 **200.00
			REINSTATEMENT 04-07

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

Kurt Stange

Date

3/17/07

Daytime Phone #

305.609.5878

Typed or printed name of signing Managing Member/Manager

Kurt Stange