

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG -9 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000019805

1. Limited Liability Company's Name

CAMAR, LLC

2. Principal Office Address

226 Palm Avenue

Suite, Apt. #, etc.

City & State

Miami Beach, Florida

Zip

Country

3. Mailing Office Address

226 Palm Avenue

Suite, Apt. #, etc.

City & State

Miami Beach, Florida

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

11/15/2001

6. FEI Number

65-1152852

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

JIGGINS, Marilyn

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

226 Palm Avenue

Suite, Apt. #, Etc.

City

Miami Beach

State

FL

Zip Code

33139

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

M. Jiggins

REGISTERED AGENT MUST SIGN

Date 08/02/2004

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
Mgr	JIGGINS, Marilyn	226 Palm Avenue	Miami Beach, FL 33139

REINSTATEMENT 02-04

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

M. Jiggins

Date 8/2/04

Daytime Phone # 305-532-1459

Typed or printed name of signing Managing Member/Manager