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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

2002 LLC

# APPLICATION FOR REINSTATEMENT

LLR

FLORIDA DEPARTMENT OF STATE
**Jim Smith**
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 NOV -7 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**1. DOCUMENT #** L01000020213

Name and Mailing Address

0009950 01 FP 0.352 **PRSRT H5 0 0615 33181-331010
THALASSA, LLC
1910 N.E. 119 ROAD
NORTH MIAMI FL 33181-3310

**2.** New Mailing Address: 9700 Collins ave # 135
City, State, Zip: Bal Harbour FL 33154

**4.** State/Country of Formation: FL

**5.** Date Organized or Qualified To Do Business in Florida: 11/21/2001

Principal Place of Business: 1910 N.E. 119 ROAD, NORTH MIAMI FL 33181

**3.** New Principal Place of Business Address: 9700 Collins ave # 135
City, State, Zip: Bal Harbor, FL 33154

**6.** FEI Number: 010608928 ☐ Applied For ☐ Not Applicable

**7.** CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

CR2E084 (8/02)

**8. Name and Address of Current Registered Agent**

MARX, JAMES
200 S. BISCAYNE BLVD., STE. 1870
MIAMI FL 33131

**9. Name and Address of New Registered Agent**

Name

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

700088833177
11/06/02--01098--003 **50.00

City: **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 _____ Date 10/28/02

REGISTERED AGENT MUST SIGN

**11.** Names and Street Addresses of Each Managing Member/Manager

| Title(s) | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|---|---|---|---|
| MGR | BARLOS, ANTHANASIOS | 1910 N.E. 119 ROAD | NORTH MIAMI FL 33181 |
| MGR | MCNAUGHTON BARLOS, ERIN | 1910 N.E. 119 ROAD | NORTH MIAMI FL 33181 |
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**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 _____ Date 10/28/02 Daytime Phone # 305-866-2727

Athanasios L. Barlos

2 of 2

# THALASSA L.L.C. (ELIA RESTAURANT)

9700 COLLINS AVE #135
BAL HARBOUR, FL 33154

Phone: 305 866-2727
Fax: 305 866-2344
Email: Elia_BHS@msn.com

## Fax Transmittal Form

**To**

Name: Brenda
Organization Name/Dept:
CC:
Phone number:
Fax number: 850-410-1015

Urgent
For Review
Please Comment
Please Reply

**From**

ATHANASIOS L. BARLOS

Phone: 305 866-2727
Fax: 305 866-2344
Email: Elia_BHS@msn.com

Date sent: 11/7/02
Time sent: 11:43 A.M.
Number of pages including cover page: 1

**Message:**

Dear Brenda,

Pursuant to our Conversation - please be aware that I, nor mr. Barlos have seen the uniform business reports. nothing has come thru this office - to our knowledge.

Thank - you.

please call me for any other information.

Sincerely,

Ida Lang, Office Manager