

L02000003041Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000198913 3)))



H090001989133ARC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : RASCO, REININGER, PEREZ & ESQUENAZI, P.L.
Account Number : 104076000124
Phone : (305) 476-7100
Fax Number : (305) 476-7102SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 SEP 10 AM 8:18

FILED

LIMITED LIABILITY REINSTATEMENT

CENTURY PRESTIGE I, LLC

Certificate of Status	1
Certified Copy	0
Page Count	022
Estimated Charge	\$660.00

J. BRYAN

SEP 11 2009

EXAMINER

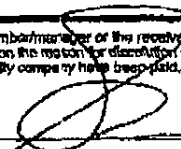
Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED
09 SEP 10 AM 6:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L02000003041			
1. Limited Liability Company's Name CENTURY PRESTIGE L.L.C.			
2. Principal Office Address - No P.O. Box # 2301 NW 87 AVENUE Suite, Apt. #, etc. 6TH FLOOR City & State MIAMI Zip 33172		3. Mailing Office Address SAME Suite, Apt. #, etc. City & State Zip Country	
4. State/Country of Formation FLORIDA		5. Date Organized or Qualified To Do Business in Florida 02/07/2002	
6. FES Number 352159947		Applied For ☐ Not Applicable ☐	
7. CERTIFICATE OF STATUS USED ☒		\$500 Additional Fee required (on Certificate of Status)	
8. Name and Address of Current Registered Agent Name CATHERINE BURNS Street Address (P.O. Box Number is Not Acceptable) 2301 NW 87 AVENUE Suite, Apt. #, etc. 6TH FLOOR City MIAMI State FL Zip Code 33172			
☐ 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 605, F.S. Signature of Registered Agent  Date 9/9/09 REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	PINO, SERGIO	2301 NW 87 AVENUE, 6TH FLOOR	MIAMI, FL 33172
REINSTATEMENT 2006-09			
11. I certify that I am managing member/manager of 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 meets all the requirements of section 605.405, F.S., and that all fees owed by the limited liability company have been paid. This 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 09.10.09 Daytime Phone 305.599.8100	
Typed or printed name of signing Managing Member/Manager SERGIO PINO			

 FILED
 09 SEP 10 AM 8:18
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CR2E041 (10/08)