

L02000004375

APPROVED
AND
FILED
10/13

03 OCT 15 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000004375

1. Limited Liability Company's Name

SANTA ELENA MANAGEMENT, LLC

REINSTATEMENT

2003

2. Principal Office Address

1230 Stillwater Drive

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip
33141

Country
US

Zip

Country

4. State/Country of Formation
Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

2/22/02

6. FEI Number

01-0708651

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

Ronald R. Fieldstone

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

201 Alhambra Circle

Suite, Apt. #, Etc.

Suite 601

City

Coral Gables

State
FL

Zip Code

33134

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

Date 10-15-03

REGISTERED AGENT MUST SIGN

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	Dominic Cavagnuolo	1230 Stillwater Drive	Miami, FL 33141
MGRM	Jamie Monaco	1230 Stillwater Drive	Miami, FL 33141
MGRM	Anthony Cavagnuolo	1230 Stillwater Drive	Miami, FL 33141

10-16-03

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

Date 10-15-03 Daytime Phone# 305-868-6645

Dominic Cavagnuolo

Typed or printed name of signing Managing Member/Manager

2003

Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : FIELDSTONE LESTER SHEAR & DENBERG
Account Number : I19990000180
Phone : (305) 357-5775
Fax Number : (305) 357-5534

L02-4375

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DIVISION OF CORPORATION

LIMITED LIABILITY REINSTATEMENT

SANTA ELENA MANAGEMENT, LLC

Certificate of Status	0
Certified Copy	0
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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

October 15, 2003

SANTA ELENA MANAGEMENT, LLC
201 ALHAMBRA CIRCLE, SUITE 601
C/O RONALD FIELDSTON
CORAL GABLES, FL 33134

SUBJECT: SANTA ELENA MANAGEMENT, LLC
REF: L02000004375

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed on the report form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley
Document Specialist

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