

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 FEB 14 AM 10:34

DOCUMENT # L02000008001

1. Entity Name
TITIS DRINK, LLC



Principal Place of Business
4859 SW 75 AVE
MIAMI, FL 33155

Mailing Address
4859 SW 75 AVE
MIAMI, FL 33155

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

700 CRANDON BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KEY BISCAYNE, FL

Zip

Country

Zip

33149

Country

02072007 REIN-LLC

CR2E101 (1/07)

4. FEI Number
38-3647971

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CROQUER, BEATRIZ
10700 NW 66 ST
113
MIAMI, FL 33178

7. Name and Address of New Registered Agent

Name

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

155 OCEAN LANE

APT 702

City KEY BISCAYNE

FL

Zip Code

33149

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME CROQUER, BEATRIZ
STREET ADDRESS 10700 NW 66 ST
CITY-ST-ZIP MIAMI, FL 33178

TITLE MGRM ☐ Delete
NAME GONZALEZ, EDGAR
STREET ADDRESS 10700 NW 66 ST
CITY-ST-ZIP MIAMI, FL 33178

TITLE MGRM ☐ Delete
NAME BARBIERI, KARINA
STREET ADDRESS 10700 NW 66 ST
CITY-ST-ZIP MIAMI, FL 33178

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 155 OCEAN LANE APT 702
CITY-ST-ZIP KEY BISCAYNE, FL 33149

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 155 OCEAN LANE APT 702
CITY-ST-ZIP KEY BISCAYNE, FL 33149

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 155 OCEAN LANE APT 702
CITY-ST-ZIP KEY BISCAYNE, FL 33149

TITLE ☐ Change ☐ Addition
NAME 500088881866
STREET ADDRESS 02/21/07--01017--021 **100.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME REINSTATEMENT
STREET ADDRESS 06-07
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Beatriz Croquer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7863553341
02-07-07 3053618388