

L02.000008415

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 10 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000008415

1. Limited Liability Company's Name

Platform Enterprises, LLC

500024281055

10/30/03 - 01015-018 **150.00

2. Principal Office Address

1586 Gulf Blvd.

Suite, Apt. #, etc.

Unit 2302

City & State

Clearwater, Florida

Zip

33767

Country

USA

3. Mailing Office Address

1201 Brickell Avenue

Suite, Apt. #, etc.

Suite 220

City & State

Miami, Florida

Zip

33131-3207

Country

USA

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

4/9/2002

6. FEI Number

03-0446537

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

Geoffrey M. Wayne, P.A.

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

1201 Brickell Avenue

Suite, Apt. #, Etc.

Suite 220

City

Miami

State
FL

Zip Code

33131-3207

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

Geoffrey M. Wayne, Esq.
REGISTERED AGENT MUST SIGN

Date 10.8.03

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
MGRM	Olga A. de Andrade Pincirolì	1586 Gulf Blvd., Unit 2302	Clearwater, Florida 33767

REINSTATEMENT
03
dec

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

Olga A. de Andrade Pincirolì

Date 10.8.03

Daytime Phone# 305.381.8108

Typed or printed name of signing Managing Member/Manager

Olga A. de Andrade Pincirolì

CR2E041 (10/02)