

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L02000008584**

**1. Limited Liability Company's Name**

BOXER DUKE, L.L.C.

**2. Principal Office Address**

1239 ALTON ROAD

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

Zip

33139

Country

USA

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. State/Country of Formation**

FLORIDA/USA

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

APRIL 10, 2002

**6. FEI Number**

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

THOMAS G. SHERMAN, ESQ., P.A.

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

218 ALMERIA AVENUE

Suite, Apt. #, Etc.

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

REGISTERED AGENT MUST SIGN

Date **JUNE 21, 2005**

**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
MGMR	GUS GUTIERREZ	1239 ALTON ROAD	MIAMI BEACH, FL 33139

**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

6/21/05

Daytime Phone #

(305) 210-2784

Typed or printed name of signing Managing Member/Manager

GUS GUTIERREZ

FILED  
05 JUN 22 PM 1:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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BSK

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06/29/05--01003--006 \*\*\*250.00

REINSTATEMENT 2003-2005

CR2E041 (10/02)