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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

L02000009518

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

1. DOCUMENT # L02000009518

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12/16

Name and Mailing Address

0000017 01 AV 0.278 **AUTO T1 0 0615 33131-266459

GARAVAGLIA INVESTMENTS, LLC
888 BRICKELL KEY DR
1009
MIAMI FL 33131-2664

REINSTATEMENT 2003

2. New Mailing Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida 04/22/2002

Principal Place of Business
888 BRICKELL KEY DR
1009
MIAMI FL 33131

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number 75-3053079 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

CR2E084 (7/03)

8. Name and Address of Current Registered Agent

GARAVAGLIA, LUCIANO
888 BRICKELL KEY DR
1009
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name

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

City FL Zip Code

10. 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 SIGNATURE REQUIRED Date 12/1/2003

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	GARAVAGLIA, LUCIANO	888 BRICKELL KEY DR	MIAMI FL 33131
MGR	GARAVAGLIA, CARLOS J	888 BRICKELL KEY DR	MIAMI FL 33131

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REINSTATEMENT 2003

12. 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/Manage SIGNATURE REQUIRED Date 12/1/2003 Daytime Phone # 305-431-2434

Typed or printed name of signing Managing Member/Manager LUCIANO GARAVAGLIA.