

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L02000010608

1. Limited Liability Company's Name

SUPREME SUITES, LLC

2. Principal Office Address - No P.O. Box #

18090 COLLINS AVENUE

Suite, Apt. #, etc.

T-17 PMB127

City & State SUNNY ISLES

BEACH - FL 33160

Zip

33160

Country

USA

3. Mailing Office Address

18090 COLLINS AVENUE

Suite, Apt. #, etc.

T-17 PMB127

City & State SUNNY ISLES

BEACH - FL 33160

Zip

33160

Country

USA

4. State/Country of Formation

FLORIDA - USA

5. Date Organized or Qualified  
To Do Business in Florida

05/03/2002

6. FEI Number

72-1525886

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

PEREGO, NESTOR G.

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

18090 COLLINS AVENUE

Suite, Apt. #, Etc.

T-17 PMB127

City

SUNNY ISLES BEACH

State

FL

Zip Code

33160

☒ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

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 03/13/2010

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	PEREGO, NESTOR G.	18090 COLLINS AVE T-17 PMB127	SUNNY ISLES BEACH FL 33160

400173022054  
05/12/10--01003--001 \*\*138.75

REINSTATEMENT 2008-10

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 03/13/2010 Daytime Phone # 786-255-2885

Typed or printed name of signing Managing Member/Manager NESTOR G. PEREGO



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

272  
FILED  
10 MAY 11 AM 8:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

April 12, 2010

SUPREME SUITES, LLC  
18080 COLLINS AVENUE T-17 PMB 127  
SUNNY ISLES BEACH, FL 33160

SUBJECT: SUPREME SUITES, LLC  
Ref. Number: L02000010608

We have received your document for SUPREME SUITES, LLC and your check(s) totaling \$277.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2008 through 2010; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$416.25.

We need an additional check in the amount of \$138.75

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) 245-6043.

Joey Bryan  
Regulatory Specialist II

Letter Number: 010A00008923