

L02000014457

PLEASE READ AND INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC -1 AM 8:37

DOCUMENT # L02000014457

1. Limited Liability Company's Name

1080 Alton Road LLC

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Office Address

1080 Alton Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

1080 Alton Rd.

Suite, Apt. #, etc.

City & State

Miami Beach FL

Zip

33139

Country

USA

City & State

Miami Beach FL

Zip

33139

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

6/10/2002

6. FEI Number

01-0710187

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

David Neithardt

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

650 West Ave #706

600025130126

12/01/03--01089--003 \*\*150.00

Suite, Apt. #, Etc.

City

Miami Beach

State

FL

Zip Code

33139

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

*[Signature]*

Date 11-25-03

REGISTERED AGENT MUST SIGN

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 -	Hector Rolotti	33-F Venetian Way, Apt. 81	Miami Beach FL 33139

REINSTATEMENT 2003

*[Signature]*

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

*[Signature]*

Date 11/26/03

Daytime Phone # 305 588-8860

Typed or printed name of signing Managing Member/Manager

HECTOR ROLOTTI

CR2E041 (10/02)