

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM


FILED

2019 MAR -5 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FL

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03/05/19--01032--001 **238.75

CR2E041 (1/14)

LIMITED LIABILITY COMPANY REINSTATEMENT 2019		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L02000019193

1 Limited Liability Company's Name

Commonwealth Forest Edge, LLC

2. Principal Office Address - No P.O. Box # <u>21200 Point PL.</u>		3. Mailing Office Address <u>21200 Point PL.</u>	
Suite, Apt. #, etc <u>#1603</u>		Suite, Apt. #, etc <u>#1603</u>	
City & State <u>Aventura, FL</u>		City & State <u>Aventura, FL</u>	
Zip <u>33180</u>	Country <u>USA</u>	Zip <u>33180</u>	Country <u>USA</u>

4. State/Country of Formation <u>Florida, USA</u>	
5. Date Organized or Qualified To Do Business in Florida <u>7/26/2002</u>	
6. FEI Number <u>06-1646950</u>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent			
Name <u>Oscar J. Adron</u>			
Street Address (P.O. Box Number is Not Acceptable) Suite, <u>15291 NW 60th Ave</u>			
Apt. #, Etc <u>100</u>			
City <u>Miami Lakes</u>	State <u>FL</u>	Zip Code <u>33014</u>	

9 I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

[Signature]

Date Feb 24, 2019

REGISTERED AGENT MUST SIGN

10 Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
<u>BAR</u>	<u>Edward Sims</u>	<u>21200 Point Pl. #1603</u>	<u>Aventura, FL 33180</u>

11. E-mail Address: Racfin@gmail.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

[Signature]

Date 2/24/19

Daytime Phone #

(305) 799-8988

Typed or printed name of signing authorized representative/member

Edward Sims