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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JAN 23 PM 1:35

1. **DOCUMENT #** L02000019271
Name and Mailing Address

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RADIEMAR, LLC
600 N.E. 36TH STREET, SUITE 222
MIAMI FL 33137-3950



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 07/30/2002	
Principal Place of Business 600 N.E. 36TH STREET, SUITE 222 MIAMI FL 33137	3. New Principal Place of Business Address City, State, Zip	6. FEI Number	Applied For Not Applicable
8. Name and Address of Current Registered Agent FERNANDEZ, MARCELO 910 NORTH VENETIAN DRIVE MIAMI BEACH FL 33139		7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status	
		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 01/20/04 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	FREIRE, DIEGO CARLOS	600 N.E. 36TH STREET, SUITE 222	MIAMI FL 33137

CR20034 (7/03)

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REINSTATEMENT

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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/Manager **SIGNATURE REQUIRED** Date 01/20/04 Daytime Phone 305 495.0906

Typed or printed name of signing Managing Member/Manager