

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Gloria E. Hood
DIVISION OF CORPORATIONS

FILED

03 DEC -2 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000021087

Name and Mailing Address

0005879 01 AT 0.292 **AUTO T3 0 0615 33132-170300



137 COLLINS AVENUE GARAGE, LLC
1100 BISCAYNE BOULEVARD
7TH FLOOR
MIAMI FL 33132-1703



2. New Mailing Address

1717 NO BAYSHORE DR., #102

City, State, Zip
MIAMI FL 33132

Principal Place of Business

1100 BISCAYNE BOULEVARD
7TH FLOOR
MIAMI FL 33132

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

08/19/2002

6. FEI Number

59-3770408

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

AVELLAN, LILIANA V
201 ALHAMBRA CIRCLE
SUITE 500
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

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

900025169059

12/02/03--01064--012 **150.00

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

REGISTERED AGENT MUST SIGN

Date 11-18-03

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
MM	GINO FALSETTO	1717 NORTH BAYSHORE DR #102	MIAMI FL 33132

REINSTATEMENT

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

Daytime Phone #

Typed or printed name of signing Managing Member/Manager