

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 FEB 28 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **LD2000027076**

1. Limited Liability Company's Name

THE BROADWAY L.L.C.

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
17081 CAPTIVA DR

Suite, Apt. #, etc.

City & State
CAPTIVA FL

Zip
33924

Country

3. Mailing Office Address
11450 INTERCHG CIR N

Suite, Apt. #, etc.

City & State
MIRAMAR FL

Zip
33025

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida **01/01/03**

6. FEI Number
550813554

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
RENE MIVILLE

Street Address (P.O. Box Number is Not Acceptable)
17081 CAPTIVA DR

Suite, Apt. #, Etc.

City
CAPTIVA FL

State
FL

Zip Code
33924

☐ 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

2/23/2007

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
MGRM	RENE MIVILLE	17081 CAPTIVA DR	CAPTIVA FL 33924
			200090085152 03/02/07--01046--017 **250.00

REINSTATEMENT 05-07

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

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Rene Miville