

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 29 PM 5:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

DOCUMENT # L02000033027

1. Limited Liability Company's Name

CYRUS DEVELOPMENTS, LLC

2. Principal Office Address

12550 Biscayne Blvd.

Suite, Apt. #, etc.

Suite 405

City & State

NORTH Miami, FL

Zip

33181

Country

U.S.A.

3. Mailing Office Address

12550 Biscayne Blvd.

Suite, Apt. #, etc.

Suite 405

City & State

NORTH Miami, FL

Zip

33181

Country

U.S.A.

100034220521
10/29/03 - 01001--004 **150.00
10/29 2003

4. State/Country of Formation

Florida, U.S.A.

5. Date Organized or Qualified
To Do Business in Florida

12/10/2002

6. FEI Number

☒ 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

OSCAR GRISALES-RAVINI, Esq.

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

12550 Biscayne Blvd.

Suite, Apt. #, Etc.

Suite 405

City

NORTH Miami

State

FL

Zip Code

33181

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

OSCAR GRISALES-RAVINI, Esq.
REGISTERED AGENT MUST SIGN

Date 10/22/03

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 |
|--------|--------------------------------------|---|-----------------------|
| M | ERIC M. PINTAR | 12550 BISCAYNE BLVD Suite 405 | NORTH Miami, FL 33181 |
| I | ERIC PINTAR | 12550 BISCAYNE BLVD Suite 405 | NORTH Miami, FL 33181 |
| S. | GUSTAVO VANDIZAGA | 12550 BISCAYNE BLVD. Suite 405 | NORTH Miami, FL 33181 |
| | | | |
| | | | |
| | | | |

REINSTATEMENT 2003

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

ERIC PINTAR Date 10/22/03 Daytime Phone # 305 895 1313

Typed or printed name of signing Managing Member/Manager ERIC PINTAR

CR2E041 (10/02)