

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 NOV -1 PM 1:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L03000000446

1. Limited Liability Company's Name

OKEECHOBEE MANAGEMENT, LLC

2. Principal Office Address

7311 N.W. 12th Street

Suite, Apt. #, etc.

#30

City & State

Miami, Florida

Zip

33126

Country

USA

3. Mailing Office Address

7311 N.W. 12th Street

Suite, Apt. #, etc.

#30

City & State

Miami, Florida

Zip

33126

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified  
To Do Business in Florida

1/6/03

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 Ronald Fieldstone

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

201 Alhambra Circle, Suite 601

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33134

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

Date 10/29/04

REGISTERED AGENT MUST SIGN

**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
Mgr	Haim Wiener	7311 N.W. 12th St. #30	Miami, Florida, 33126
Mgr	Dania Mark	7311 N.W. 12th St., #30	Miami, Florida, 33126
Mgr	Mario Fontes	7311 N.W. 12th St., #30	Miami, Florida, 33126
Mgr	Marcello Agostini	7311 N.W. 12th St., #30	Miami, Florida, 33126

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 10/29/04

Daytime Phone (305) 513-8466

Typed or printed name of signing Managing Member/Manager

HAIM WIENER

new address

CR2E041 (10/02)