

L03000001920

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212) 431-5000
Fax Number : (212) 431-1441

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LIMITED LIABILITY REINSTATEMENT

MARIANA HOLDINGS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$516.25

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TALLAHASSEE, FLORIDA

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**LIMITED LIABILITY
COMPANY
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
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 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # L03000001920

1. Limited Liability Company's Name

Mariana Holdings, LLC

2. Principal Office Address

1066 Breakers West Boulevard

Suite, Apt. #, etc.

3. Mailing Office Address

1066 Breakers West Boulevard

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

City & State

WEST PALM BEACH, FL

Zip

33411

Country

USA

Zip

Country

4. State/Country of Formation

FLORIDA

 5. Date Organized or Qualified
To Do Business in Florida

01/10/2005

 6. F.E.I. Number
41-2085065

 Apph
Not A

 7. CERTIFICATE OF STATUS DEEBED ☐

8. Name and Address of Current Registered Agent

 Name
Gladys Z. Montijo

 Street Address (P.O. Box Number is Not Acceptable)
1066 Breakers West Boulevard

Suite, Apt. #, Etc.

 City
WEST PALM BEACH

 State
FL

 Zip Code
33411

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

 Signature of
Registered Agent

Gladys Z. Montijo
 REGISTERED AGENT MUST SIGN

Date

1/17/08

10. Name and Street Address of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Gladys Z. Montijo Revocable Trust	1066 Breakers West Boulevard	WEST PALM BEACH, FL

REINSTATEMENT

06-08

11. I certify that I am resigning membership/manager of the receiver or trustee appointed to enforce this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reasons for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.405, F.S., and that all fees owed by the limited liability company have been paid. The information provided 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

Gladys Z. Montijo

Date

1/18/08

Daytime Phone