

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 20 AM 10:45

DOCUMENT # L03000007858

1. Limited Liability Company's Name

MA REVE, LLC

2. Principal Office Address

1875 NE 149TH ST

Suite, Apt. #, etc.

3. Mailing Office Address

1875 NE 149TH ST

Suite, Apt. #, etc.

City & State

NORTH MIAMI, FL

City & State

NORTH MIAMI, FL

Zip

33181

Country

USA

Zip

33181

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

03/04/03

6. FEI Number

02-0684712

☒ 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

STEVEN ROSS

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

1875 NE 149TH STREET

Suite, Apt. #, Etc.

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

Steve - ROSS

Date

10/17/06

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
MNG/ MEM.	STEVEN ROSS	1875 NE 149 TH ST	NORTH MIAMI, FL
			33181
			900081021489 10/19/06--01030--007 **250.00
		RENEWED 10/17/06 04-06	

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

Steven ROSS

Date

10/17/06

Daytime Phone #

954 566 8513

Typed or printed name of signing Managing Member/Manager

STEVEN ROSS