

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

155.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 NOV 15 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000028874

1. Limited Liability Company's Name

CALIPSO INVESTMENTS, LLC

2. Principal Office Address

c/o Santiago Steed

Suite, Apt. #, etc.

1300 Brickell Ave.

City & State

Miami FL

Zip

33131

Country

USA

3. Mailing Office Address

c/o Santiago Steed

Suite, Apt. #, etc.

1300 Brickell Ave.

City & State

Miami FL

Zip

33131

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

8/04/03

6. FEI Number

Temp: 20-1782585

☒ 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

CFRA LLC

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

CORPORATE Center three at Intl Plaza 4221 W. Boy Scout Blvd.

Suite, Apt. #, Etc.

10th Floor

City

TAMPA

State

FL

Zip Code

33131

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 10.22.04

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	Annuar Charfen Pria	1300 Brickell Ave.	Miami FL 33131

REINSTATEMENT 04 GA
LMS

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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 10/22/04

Daytime Phone# 305 351-1000

Typed or printed name of signing Managing Member/Manager

Annuar Charfen Pria

CR2E041 (10/02)