

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 OCT 21 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L03000034681**

1. Limited Liability Company's Name

Vistas International Development Group, LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

2100 Ponce de Leon

Suite, Apt. #, etc.

Suite 1070

City & State

Coral Gables, FL

Zip

33134

Country

USA

3. Mailing Office Address

4130 Collins Av.

Suite, Apt. #, etc.

City & State

Miami Beach, FL

Zip

33140

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

09/12/2003

6. FEI Number

200232071

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

Xavier Hawley

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

9706 SW 106 TERR.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33176

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 **10/13/2009**

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	Yvonne Hawley	2601 S. Bayshore Dr. Suite 1520	Miami, FL, 33133
MGR	Francis Hawley	2601 S. Bayshore Dr. Suite 1520	Miami, FL, 33133
REINSTATEMENT 08-09			

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 **10/13/09**

Daytime Phone # **786-3951414**

Typed or printed name of signing Managing Member/Manager

Francis Hawley