

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2004 DEC -6 PM 2:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L03000046227

1. Limited Liability Company's Name

Primeviews Properties, LLC

800043211648  
12/06/04--01038--010 \*\*150.00

2. Principal Office Address

9429 Harding Ave.

Suite, Apt. #, etc.

Suite 15

City & State

Surfside, FL

Zip

33154

Country

Miami-Dade

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

11/20/2003

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

Lisette Rie Salazar, Esq.

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

260 Crandon Blvd., Suite 48

Suite, Apt. #, Etc.

City

Key Biscayne

State

FL

Zip Code

33149

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

11-22-04

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	Gustavo Mirko Schlossberg	9429 Harding Ave #12	Surfside, FL 33154
MGR	Eugenio Schlossberg	9429 Harding Ave #12	Surfside, FL 33154

REINSTATEMENT 04

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

*[Signature]*

Date

11/22/04

Daytime Phone#

305-361-6161

Typed or printed name of signing Managing Member/Manager

Gustavo Mirko Schlossberg