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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

14 JAN 14 AM 10:12

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L03000056390**

1. Limited Liability Company's Name
206 PROPERTIES, L.L.C.

CR2E041 (12/13)

2. Principal Office Address - No P.O. Box # 1200 COLLINS AVENUE,		3. Mailing Office Address 440 N. ANDREWS AVE.	
Suite, Apt. #, etc. UNIT 206		Suite, Apt. #, etc.	
City & State MIAMI BEACH, FL		City & State FT. LAUDERDALE, FL	
Zip 33139	Country US	Zip 33301	Country US

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified
To Do Business in Florida
12/15/2003

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
JOSH BENNETT

Street Address (P.O. Box Number is Not Acceptable)
440 N. ANDREWS AVE.

Suite, Apt. #, Etc.

City
FT. LAUDERDALE

State
FL

Zip Code
33301

E-mail Address:

900255586379
01/14/14--01001--030 **1625.25

JOSH@JOSHBENNETT.COM

(To be used for future annual report notices)

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

Date **1/13/14**

REGISTERED AGENT MUST SIGN

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

Titles AMBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
MGR	JOSH BENNETT	440 N. ANDREWS AVE.	FT. LAUDERDALE, FL 33301

11. I certify that I am an authorized person empowered to execute this application as provided for in Chapter 605, 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 Chapter 605, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of
Authorized Person

Date **1/13/14**

Daytime Phone # **954-779-1661**

Typed or printed name of signing Authorized Person **JOSH BENNETT**

206 Properties, Inc.

440 North Andrews Avenue

Fort Lauderdale, Florida 33301

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

14 JAN 14 AM 10:12

January 2, 2014

Supervisor
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Supervisor:

I am writing regarding the reinstatement of an inactive company, 206 Properties, LLC. I authorize this company to not only be reinstated, but to be run together, as one and the same, with 206 Properties, Inc., for which I am currently the manager. Further, I authorize and appoint Josh N. Bennett, Esq. to fill the role of manager for 206 Properties, LLC from this point forward.

Very Truly Yours,



Roberto Vicio
Manager, 206 Properties, Inc.