

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000002989

1. Entity Name
FOUR SEASONS INVESTMENTS LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 SEP 27 AM 8:18

Principal Place of Business
420 S.E. 19TH ST.
FT. LAUDERDALE, FL 33316

Mailing Address
420 S.E. 19TH ST.
FT. LAUDERDALE, FL 33316

2. Principal Place of Business
42 NW 27th AVE

3. Mailing Address
42 NW 27th AVE

09222005 REIN-LLC CR2E101 (6/04)

Suite, Apt. #, etc.
SUITE # 405

Suite, Apt. #, etc.
SUITE # 405

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

4. FEI Number
42164899

Applied For
Not Applicable

Zip
33125

Country
USA

Zip
33125

Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCAFIDI, JOHN P
420 SE 19TH ST
FT LAUDERDALE, FL 33316

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2006, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME MGR
WILLEMS, LUISITO C ☐ Delete
STREET ADDRESS 420 SE 19TH ST
CITY-ST-ZIP FT LAUDERDALE, FL 33316

TITLE
NAME MGR
SCAFIDI, JOHN ☐ Delete
STREET ADDRESS 420 S.E. 19TH ST.
CITY-ST-ZIP FT. LAUDERDALE, FL 33316

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Sept-23-05
Date Daytime Phone #