

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 204000003742

1. Limited Liability Company's Name

MARGATE GROUP, LLC

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

5041 SW 148 PL

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33185

Country

USA

3. Mailing Office Address

5041 SW 148 PL

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33185

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

01/08/2014

6. FEI Number

201447094

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

ALBERTO E. MARKOVICH

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

5041 SW 148 PL

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33185

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

11/04/09

**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	MARKOVICH, ALBERTO E	5041 SW 148 PL	MIAMI FL 33185
MGR	MARKOVICH, CARMEL L	5041 SW 148 PL	MIAMI FL 33185
MGR	MARKOVICH, LUIS A	5041 SW 148 PL	MIAMI FL 33185

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

11/04/09

Daytime Phone #

305-776-6730

Typed or printed name of signing Managing Member/Manager