

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000004383

1. Limited Liability Company's Name

GIAMAR HOLDINGS, LLC

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

6933 NW 52 Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33166

Country

USA

3. Mailing Office Address

P.O. Box 558327

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33255-8327

Country

U.S.A

8. Name and Address of Current Registered Agent

Name

Cuevas, Ortiz & Cubas, P.A.

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

7480 SW 40th Street

Suite, Apt. #, Etc.

Suite 600

City

Miami

State

FL

Zip Code

33155

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 04/27/2010

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 |
|----------------------|--------------------------------------|---|--------------------|
| MGRM | Giacomo Calabrese | 6933 NW 52 Street | Miami, FL 33166 |
| MGRM | Maria De Calabrese | 6933 NW 52 Street | Miami, FL 33166 |
| REINSTATEMENT | | | S. HAWKES |
| 2008-10 | | | MAY 04 2010 |
| | | | EXAMINER |

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 608.408, 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 04/21/2010 Daytime Phone # (305) 4619500

Typed or printed name of signing Managing Member/Manager

GIACOMO CALABRESE

FILED
10 APR 29 PM 1:04
TAMM HALL
TALLAHASSEE, FLORIDA

700178898697
04/29/10--01011--007 **516.25

CR2E041 (10/08)

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

01/15/2004

6. FEI Number
200749216

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

☐ 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.