

1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 25 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L040000009633**

1. Limited Liability Company's Name

FLORIDA INVEST, LLC

600172643466
03/19/10--01031--021 **832.50
CR25041 (11/06)

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

12500 NE 15TH AVE

Suite, Apt. #, etc.

#410

City & State

NORTH MIAMI, FLORIDA

Zip

33161

Country

USA

3. Mailing Office Address

12500 NE 15TH AVE.

Suite, Apt. #, etc.

#410

City & State

NORTH MIAMI, FLORIDA

Zip

33161

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

FEB. 4, 2004

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

SERFATY + GARCIA, P.A.

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

4770 BISCAYNE BOULEVARD

Suite, Apt. #, Etc.

SUITE 1430

City

MIAMI

State

FL

Zip Code

33137

☒ 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.

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

Charles S. Serfaty
REGISTERED AGENT MUST SIGN

Date

3/24/10

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
MEM	GILLES REZLAN	12500 NE 15TH AVE. #410	NORTH MIAMI, FL 33161

JB

REINSTATEMENT 2005-10

11. E-mail Address:

BSORIANO@SGLAWPA.COM
(To be used for future annual report notifications)

12. 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

3/24/10

Daytime Phone #

305-722-8555

Typed or printed name of signing Managing Member/Manager



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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FILED

10 MAR 25 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 22, 2010

FLORIDA INVEST, LLC
12500 NE 15TH AVE. #410
NORTH MIAMI, FL 33161

SUBJECT: FLORIDA INVEST, LLC
Ref. Number: L04000009633

We have received your document for FLORIDA INVEST, LLC and your check(s) totaling \$832.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the above referenced limited liability company is no longer available. Please file an amendment changing the name of this entity. The fee to file an amendment is \$25.00.

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together along with the applicable fees for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 810A00007006