

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 DEC -4 AM 10: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000009853

1. Limited Liability Company's Name

3600 N.E. 2nd Avenue LLC

2. Principal Office Address - No P.O. Box #
3600 N.E. 2nd Avenue

Suite, Apt. #, etc.

City & State
Miami, FL

Zip
33137

Country

3. Mailing Office Address
5555 Collins Ave

Suite, Apt. #, etc.

Penthouse A

City & State
Miami Beach, FL

Zip
33140

Country

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida 02/05/2004

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
Maurizio Sepe

Street Address (P.O. Box Number is Not Acceptable)
5555 Collins Avenue

Suite, Apt. #, Etc.
Penthouse A

City
Miami Beach

State
FL

Zip Code
33140

☒ 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

Maurizio Sepe
REGISTERED AGENT MUST SIGN

Date

11/26/07

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	Maurizio Sepe	5555 Collins Ave PH A	Miami Beach, FL 33140

600112662716

11/23/07-01045-004 **100.00

LS

12/16

REINSTATEMENT

06-07

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

Maurizio Sepe

Date

11/26/07

Daytime Phone #

Typed or printed name of signing Managing Member/Manager