

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT -8 PM 1:37

DOCUMENT # LO4 0000 33297

1. Limited Liability Company's Name

FOOZEY, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
The Colonnade 2333 Ponce De Leon Blvd.

3. Mailing Office Address
8150 SW 151 Street

Suite, Apt. #, etc.
Suite 302

Suite, Apt. #, etc.

City & State
Coral Gables, Florida 33134

City & State
Miami, FL

Zip
33134

Country
USA

Zip
33158

Country
USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida **April 30, 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
Roland Sanchez-Medina Jr.

Street Address (P.O. Box Number is Not Acceptable)
The Colonnade 2333 Ponce De Leon Blvd.

Suite, Apt. #, Etc.
Suite 302

City
Coral Gables

State
FL

Zip Code
33134

☒ 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

Date

REGISTERED AGENT MUST SIGN

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 | Sean Kramer | 8150 SW 151 Street | Miami, Florida 33158 |
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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

Date **10/3/07**

Daytime Phone # **305-448-4344**

Typed or printed name of signing Managing Member/Manager

Assistant Secretary