

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 29 AM 9:19

DOCUMENT # **L04000043174**

1. Limited Liability Company's Name

Tides Realty Group LLC

2. Principal Office Address

7152 SW 47th

Suite, Apt. #, etc.

3. Mailing Office Address

7152 SW 47th

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33155

Country

USA

Zip

33155

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

83-0398349

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

Ruben A. Cruzpino

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

1841 NE 65 COURT

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State

FL

Zip Code

33308

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

REGISTERED AGENT MUST SIGN

Date

1/9/2007

10. Names and Street Addresses of Managing Members/Managers

02/07/05 90278 048 \$50.00

| Titles | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|------------------|--------------------------------------|---|---------------------------------|
| President | Ruben A. Cruzpino | 1841 NE 65 CT. | Ft. Lauderdale, FL 33308 |
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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

1/9/2007

Daytime Phone #

305-992-7068

Typed or printed name of signing Managing Member/Manager