

* 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 -4 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 204000043286

1. Limited Liability Company's Name

COMPASS ROSE VENTURE LLC.

800171036258
03/02/10--01041--008 **416.25

CR2E041 (11/09)

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

2715 E. OAKLAND PK. BLDG. 10 COMPASS RD.

3. Mailing Office Address

Suite, Apt. #, etc.

#300

Suite, Apt. #, etc.

City & State

FT. LAUD. FLA.

City & State

FT. LAUD. FLA.

Zip

33306

Country

USA

Zip

33308

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

JUNE 9, 2004

6. FEI Number

20-1230258

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

JOHN LESOUSKY

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

10 COMPASS RD.

Suite, Apt. #, Etc.

City

FT. LAUD. FLA.

State

FL

Zip Code

33308

☐ 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

REGISTERED AGENT MUST SIGN

Date 2-26-2010

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 |
|-------------|--------------------------------------|---|--------------------|
| <u>M.M.</u> | <u>JOHN LESOUSKY</u> | <u>10 COMPASS RD. FT. LAUD. FLA.</u> | <u>33308</u> |
| | L. SELLERS | | |
| | MAR - 5 2010 | | |
| | EXAMINER | | |
| | | REINSTATEMENT | 08-2010 |

11. E-mail Address: _____

(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

Date

2-26-2010

Daytime Phone

(954) 410-3488

Typed or printed name of signing Managing Member/Manager _____