

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

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DOCUMENT # L04000051486

1. Limited Liability Company's Name

AMERIBBEAN RESORTS LLC

CR2E041 (8/05)

2. Principal Office Address  
45 MAIN STREET

Suite, Apt. #, etc.  
615

City & State  
BROOKLYN NY

Zip  
11201

Country  
USA

3. Mailing Office Address  
45 MAIN STREET

Suite, Apt. #, etc.  
615

City & State  
BROOKLYN NY

Zip  
11201

Country  
USA

4. State/Country of Formation  
FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida 07/12/2004

6. FEL Number  
20-8052939

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  
WINSTON THOMPSON

Street Address (P.O. Box Number is Not Acceptable)  
8113 BRINEGAR CIRCLE

Suite, Apt. #, Etc.

City  
TAMPA

State  
FL

Zip Code  
33647

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

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	WINSTON THOMPSON	45 MAIN STREET #615	BROOKLYN NY 11201
MGR	EBENEZER ANANG	45 MAIN STREET #615	BROOKLYN NY 11201

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

Daytime Phone #

Typed or printed name of signing Managing Member/Manager