

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

19 APR 11 PM 2:10

DOCUMENT # L 04000052681

1. Limited Liability Company's Name

NEW SOUTH, LLC

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

Suite, Apt. #, etc.

303

City & State

Miami FL

Zip

33186

Country

DADE

3. Mailing Office Address

1422152N 120 ST

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

02/15/2004

6. FEI Number

20-1406434

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

MARIA PRATS HAMILTON

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

7600 RED ROAD

Apt. #, Etc.

Suite 229

City

South Miami

State

FL

Zip Code

33143

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

03/19/19

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
492M	ABAL INVESTMENTS CORP	8785 SW 165 AVE #301	MIAMI FL 33186
492M	FERBEN INVESTMENT INC	8785 SW 165 AVE #301	MIAMI FL 33186
492M	VEN AMERICA TRADERS INC	8785 SW 165 AVE #301	MIAMI FL 33186

APR 22 2019

11. E-mail Address

JFERNANDEZ@LUCKYSTARTHOMES.COM

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(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date

03/18/19

Daytime Phone #

305 3218596

Typed or printed name of signing authorized representative/member