

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2005 OCT 17 P 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000056067

1. Limited Liability Company's Name

Miami City Massage LLC

2. Principal Office Address

751 Meridian Avenue

Suite, Apt. #, etc.

Suite #6

City & State

Miami Beach, FL

Zip

33139

Country

USA

3. Mailing Office Address

751 Meridian Avenue

Suite, Apt. #, etc.

Suite #6

City & State

Miami Beach, FL

Zip

33139

Country

USA

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

7/28/2004

6. FEI Number 20-1437278

Accepted/Reable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required

8. Name and Address of Current Registered Agent

Name

Maritza Contreras

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

751 Meridian Avenue

Suite, Apt. #, Etc.

Suite #6

City

Miami Beach

State
FL

Zip Code
33139

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
MGRM	Contreras, Maritza	751 Meridian Avenue, Suite #6	Miami Beach, FL 33139
MGRM	Contreras, Rene	751 Meridian Avenue, Suite #6	Miami Beach, FL 33139

REINSTATEMENT 05

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 10.12.05

Daytime Phone (305) 534-5555

Typed or printed name of signing Managing Member/Manager Maritza Contreras, Managing Member

CR2E041 (10/02)