

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 DEC 31 AM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
500164088875
12/31/09--01056--004 **377.50

CR2E041 (11/09)

DOCUMENT # **L04000063331**

1. Limited Liability Company's Name

Floating, LLC

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

395 Alhambra Circle

Suite, Apt. #, etc.

2nd Floor

City & State

Coral Gables, FL

Zip

33134

Country

USA

3. Mailing Office Address

395 Alhambra Circle

Suite, Apt. #, etc.

2nd Floor

City & State

Coral Gables, FL

Zip

33134

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

8/23/04

6. FEI Number

2016 92 409

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

Jorge V. De Ona

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

395 Alhambra Circle

Suite, Apt. #, Etc.

2nd Floor

City

Coral Gables

State

FL

Zip Code

33134

☐ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date

12/11/09

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
MGR	Jorge V. De Ona	395 Alhambra Cir, 2nd Floor	Coral Gables, FL 33134

REINSTATEMENT

08-09

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

[Signature]

Date

12/11/09

Daytime Phone #

786-290-1963

Typed or printed name of signing Managing Member/Manager