

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2007 FEB 28 AM 10:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

LO4 000072359

1. Limited Liability Company's Name

STEMATA, LLC

CR2E041 (1/07)

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

19655 EAST COUNTRY

Suite, Apt. #, etc.

CLUB DRIVE, UNIT 663

City & State

AVENTURA, FL

Zip

33180

Country

USA

3. Mailing Office Address

DIVERSE REALTY

Suite, Apt. #, etc.

SERVICES - D. RUBIN

City & State

999 BRICKELL AVE SUITE 700

Zip

33131

Country

MIAMI, FL, USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

10/05/2004

6. FEI Number

20-1712567

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

DOROTHEE RUBIN - DRS

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

999 BRICKELL AVE SUITE 700

Suite, Apt. #, Etc.

SUITE 700

City

MIAMI, FLORIDA

State

FL

Zip Code

33131

☒ 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

1/27/07. 98

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
MEMBER	GABRIELA HUNBORTEAN	245 E 93 ST #28A	NY, NY 10128
			300030085638 02/02/07--01046--029 **150.00

REINSTATEMENT 05-07

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

1/27/07

Daytime Phone #

212-4279730  
917-5192954

Typed or printed name of signing Managing Member/Manager

GABRIELA HUNBORTEAN