

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 NOV 14 PM 3:30

DOCUMENT # L04000077864

1. Limited Liability Company's Name

CASA REAL ANTIQUES L.L.C.

500112174735
11/09/07--01033--020 **150.00

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # 2780 NE 183 ST		3. Mailing Office Address 2780 NE 183 ST	
Suite, Apt. #, etc. 1114		Suite, Apt. #, etc. 1114	
City & State AVENTURA, FL		City & State AVENTURA, FL	
Zip 33160-2112	Country	Zip 33160-2112	Country

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 10/26/2004	
6. FEI Number 20-1800178	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	
Name MARTTI KALKAS	
Street Address (P.O. Box Number is Not Acceptable) 245 SE 1ST ST.	
Suite, Apt. #, Etc. STE 225	
City MIAMI	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

Date **11/05/2007**

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
MGR	ELISABETE SOUSA SILVA	2780 NE 183 ST #1114	AVENTURA, FL 33160
MGR	EMERSON SILVA PEREIRA	2780 NE 183 ST #1114	AVENTURA, FL 33160

REINSTATEMENT 2006-07

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 **11.06.2007** Daytime Phone #

Typed or printed name of signing Managing Member/Manager