

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 FEB -2 AM 10:49

CR2E041 (1/07)

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L04000080395

1. Limited Liability Company's Name

60 Building, LLC

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

60NW 76 St

Suite, Apt. #, etc.

3. Mailing Office Address

60NW 76 St

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami, FL

Zip

33150

Country

USA

Zip

33150

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

11/4/04

6. FEI Number

412158435

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

Claudia Velasco

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

3256 NE 184 street

Suite, Apt. #, Etc.

# 12112

City

Aventura

State

FL

Zip Code

33160

☐ 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.

JS

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 1-29-07

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
<u>MGRM</u>	<u>Claudia Velasco</u>	<u>3256 NE 184st # 12112</u>	<u>Aventura FL 33160</u>

000087500690  
02/08/07 01045 010 \*\*250.00

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

[Signature]

Date

1/29/07

Daytime Phone #

1-29-07

Typed or printed name of signing Managing Member/Manager

Claudia Velasco