L05000006650

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000331852 3)))

H17000331952 3ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Attn: Yasmin

To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FILED
17 DEC 19 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT
EMBASSY INTERNATIONAL, LIMITED LIABILITY COMPANY

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	$516.25

DEC 19 2017

Y SULKER

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000000650

1. Limited Liability Company's Name
EMBASSY INTERNATIONAL, LIMITED LIABILITY COMPANY

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4633 SW BERMUDA WAY	PO BOX 182
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: PALM CITY, FL	City & State: PALM BEACH, FL
Zip: 34990 Country:	Zip: 33480 Country:

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business In Florida: 01/03/2005

6. FEI Number: 26-0105228 ☐ 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: CARUSO, DAWN

Street Address (P.O. Box Number is Not Acceptable) Suite,: 4633 SW BERMUDA WAY

Apt. #, Etc.

City: PALM CITY, FL State: FL Zip Code: 34990

9. I being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Jenisa Irizarry, Attorney-in-Fact Date: 12/19/2017

REGISTERED AGENT MUST SIGN

17 DEC 19 PM 4:19 FILED TALLAHASSEE, FLORIDA

10. Names and Street Addresses of Authorized Representatives/Managers

Title	Name of Authorized Representative/ Managers	Street Address of Each Authorized Representative/ Manager	City, State / Zip
MGR	CARUSO, DAWN	4633 SW BERMUDA WAY	PALM CITY, FL 34990

11. E-mail Address: (Note used for future annual report notifications)

12. I certify that I am an authorized representative/ manager/ the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member _____ Date 12/19/2017 Daytime Phone # 561-694-8107

Typed or printed name of signing authorized representative/member Jenisa Irizarry, Attorney-in-Fact