

Florida Department of State
Division of Corporations
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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:

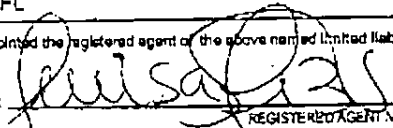
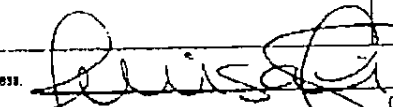
LIMITED LIABILITY REINSTATEMENT
EMBASSY INTERNATIONAL, LIMITED LIABILITY
COMPANY

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

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS 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			
2. Principal Office Address - No P.O. Box # 4633 SW BERMUDA WAY Suite, Apt. #, etc.		3. Mailing Office Address PO BOX 182 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			
10. Names and Street Addresses of Authorized Representatives/Managers			
Titles	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager	City & State
MGR	CARUSO, DAWN	4633 SW BERMUDA WAY	PALM CITY, FL 34990
11. E-mail Address:  (To be used for future annual report notifications)			
12. I certify that I am an authorized representative/manager, officer 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			

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 10:09 AM
 ALLAHAMAS
 STATE OF FLORIDA
 DIVISION OF CORPORATIONS