

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 CORPORATION

08 FEB -7 PM 12:02

DOCUMENT # L05000006976

1. Limited Liability Company's Name

CARIOCA, LLC

W08000004493

CR2E041 (12/07)

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

201 ALHAMBRA CIRCLE

Suite, Apt. #, etc.

SUITE 901

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

3. Mailing Office Address

201 ALHAMBRA CIRCLE

Suite, Apt. #, etc.

SUITE 901

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

1/21/05

6. FEI Number

20-2207569

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

GRAVIER & ASSOCIATES, LLP

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

201 ALHAMBRA CIRCLE

Suite, Apt. #, Etc.

SUITE 901

City

CORAL GABLES

State

FL

Zip Code

33134

☒ 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

1/21/08

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
MGRM	PATRICIA DE OLIVEIRA MACHADO	6365 COLLINS AVE, #4503	MIAMI, FL 33141
MGRM	JEFFREY L. NEUMAN	6365 COLLINS AVE, #4503	MIAMI, FL 33141

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

1/21/08

Daytime Phone #

305-446-3022

Typed or printed name of signing Managing Member/Manager

Jeffrey L. Neuman