

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L05000010950**

1. Limited Liability Company's Name

FORTUNE ISLAND LLC

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

1300 BRICKELL AVE

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

33131

Country

USA

Zip

Country

8. Name and Address of Current Registered Agent

Name

OLGA DE LOS SANTOS, ESQ.

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

1300 BRICKELL AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33131

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 **3/29/2010**

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
PRES. MGR/M	EDGARDO A. DEFORTUNA	1300 BRICKELL AVE	MIAMI FL 33131
V.P. MGR/M	ANA C. DEFORTUNA	1300 BRICKELL AVE	MIAMI FL 33131

REINSTATEMENT

2006-10

793.75

plus 138.75

S. HAWKES

APR 7 2010

EXAMINER

11. E-mail Address: **ccarballo@fortune-network.com**

(To be used for future annual report notifications)

12. 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 **3/29/10**

Daytime Phone # **305.351.1000**

Typed or printed name of signing Managing Member/Manager

FILED

10 APR 29 AM 11:16

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**000174531010
04/29/10--01011--018 **138.75**

**000174531010
04/05/10--01066--001 **655.00**

CR2E041 (11/09)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

2/2/2005

6. FEI Number

20-5180664

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

☐ 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.

N. Oakes APR 30 2010