

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 NOV 12 PM 2:23

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L05000015107

1. Limited Liability Company's Name

Castillo Ocean View II, LLC

CR2E041 (10/08)

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

18246 COLLINS AVENUE

Suite, Apt. #, etc.

City & State

SUNNY ISLES, FL

Zip

33160

Country

U.S.

3. Mailing Office Address

18246 COLLINS AVENUE

Suite, Apt. #, etc.

City & State

SUNNY ISLES, FL

Zip

33160

Country

U.S.

4. State/Country of Formation

FL. / U.S.

5. Date Organized or Qualified
To Do Business in Florida

02-14-05

6. FEI Number

870774834

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

KLEE, KARINA

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

18246 COLLINS AV.

Suite, Apt. #, Etc.

City

SUNNY ISLES

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.

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

KARINA KLEE

REGISTERED AGENT MUST SIGN

Date 11-06-08

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
MGR	CASTILLO, ANA M.	18246 COLLINS AV.	SUNNY ISLES, 33160
			300137836073 11/12/08--01004--001 **277.75
	REINSTATEMENT	07.08	

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

ANA M. CASTILLO

Date 11-06-08

Daytime Phone # 305-838-218

Typed or printed name of signing Managing Member/Manager

CASTILLO, ANA M.