

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LO5000018054

1. Limited Liability Company's Name

BERMONT CAPITAL LLC

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

3427 NORTH MOORINGS WAY

Suite, Apt. #, etc.

City & State

COCONUT GROVE, FLA

Zip

33133

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA / MIAMI DADE

5. Date Organized or Qualified
To Do Business in Florida

2005

6. FEI Number

20-8196448

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

GERALD BIONDO

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

TWO ALHAMBRA PLAZA

Suite, Apt. #, Etc.

PENTHOUSE 1B

City

CORAL GABLES

State

FL

Zip Code

33134

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

Gerald Biondo

REGISTERED AGENT MUST SIGN

Date 10/9/2010

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
<u>MEM</u>	<u>PETER L. BERMONT</u>	<u>3427 NORTH MOORINGS WAY</u>	<u>COCONUT GROVE, FL 33133</u>
		REINSTATEMENT	<u>2010</u>
			<u>OK 10-15-10</u>

11. E-mail Address: PBERMONT@GMAIL.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

Peter L. Biondo

Date

10/9/10

Daytime Phone #

305-446-6600

Typed or printed name of signing Managing Member/Manager