

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L 05 0000 44185

1. Limited Liability Company's Name

Florian 902, LLC

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

9100 S. Dade Blvd

Suite, Apt. #, etc.

ste 912

City & State

Miami, FL

Zip

33150

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

5/04/05

6. FEI Number

☒ 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

Aurelio A. Piñera

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

9100 S. Dade Blvd

Suite, Apt. #, Etc.

ste 912

City

Miami

State

FL

Zip Code

33156

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 11-12-08

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
MEMR	Gabriel Derrah	9100 S. Dade Blvd	Miami, FL 33150
MEMR	Daniel Derrah	9100 S Dade Blvd	Miami, FL 33150
MEMR	Carlos Derrah	9100 S. Dade Blvd	Miami, FL 33150
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REINSTATEMENT			

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

Gabriel Derrah

Date 11/2/08

Daytime Phone #

Typed or printed name of signing Managing Member/Manager