

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1.05000047157

1. Limited Liability Company's Name

206 Partners LLC

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

1110 Brickell Ave

Suite, Apt. #, etc.

Suite 206

City & State

Miami, Florida

Zip

33131

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation
Florida

**5. Date Organized or Qualified
To Do Business In Florida** 5/12/05

6. FEI Number
None

☐ 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
Fernando Sabio

Street Address (P.O. Box Number is Not Acceptable)
1110 Brickell Ave

Suite, Apt. #, Etc.
Suite 206

City
Miami

State
FL

Zip Code
33131

☐ 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.

900160133459

08/31/09--01055--009 **660.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

08/27/2009

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	Oscar Lentino	1110 Brickell Ave #206	Miami, FL 33131
MGR	Gustav P. Braun	1110 Brickell Ave #206	Miami, FL 33131
MGR	Javier Lentino	1110 Brickell Ave #206	Miami, FL 33131
MGR	Gerard P. Braun	1110 Brickell Ave #206	Miami, FL 33131
MGR	Marcelo Carceller	1110 Brickell Ave #206	Miami, FL 33131
MGR	Fernando Sabio	1110 Brickell Ave #206	Miami, FL 33131

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

[Signature]

Date

08/27/2009

Daytime Phone #

305-375-7717

Typed or printed name of signing Managing Member/Manager

Fernando Sabio

N. O. [unclear]

SEP

09 SEP -1 AM 10:49
FILED
08/31/09--01055--009 **660.00
009

REINSTATEMENT

06709