

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2014 SEP 26 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L05000059921**

1. Limited Liability Company's Name

Pura Vida LLC

CR2E041 (1/14)

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

1323 SE 17th St.

Suite, Apt. #, etc.

#368

City & State

Ft. Lauderdale FL

Zip

33316

Country

USA

3. Mailing Office Address

1323 SE 17th St.

Suite, Apt. #, etc.

#368

City & State

Ft. Lauderdale FL

Zip

33316

Country

USA

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified
To Do Business in Florida

6/10/05

6. FEI Number

59-3808602

☐ 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

Anthony L. Goodwin

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

1323 SE 17th St.

Suite, Apt. #, Etc.

#368

City

Ft. Lauderdale

State

FL

Zip Code

33316

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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

T. Goodwin

Date

9-24-14

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Mgr/M	Anthony L. Goodwin	1323 SE 17th St. #368	Ft. Lauderdale, FL 33316
Mgr/M	Stephanie S. Goodwin	1323 SE 17th St. #368	Ft. Lauderdale, FL 33316

REINSTATEMENT

2009-2014

11. E-mail Address: **captaintonygoodwin@gmail.com**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of
Authorized Representative/Manager

T. Goodwin

Date

9-24-14

Daytime Phone #

(954)629-1772

Typed or printed name of signing Authorized Representative/Manager

Anthony L. Goodwin