

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L05000074405**

1. Limited Liability Company's Name

Cyrus 1, LLC

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

100 S. Pointe Dr. #2303

Suite, Apt. #, etc.

City & State

Miami Beach, FL

Zip

33139

Country

USA

3. Mailing Office Address

100 S. Pointe Dr. #2303

Suite, Apt. #, etc.

City & State

Miami Beach, FL

Zip

33139

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified

To Do Business in Florida 07/28/2005

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

Peter Taylor

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

1521 Alton Rd. #534

Suite, Apt. #, Etc.

City

Miami Beach

State

FL

Zip Code

33139

☐ 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

*Peter Taylor*

Date

03/03/2009

REGISTERED AGENT MUST SIGN

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	Nader Afrooz	100 S. Pointe Dr. #2303	Miami Beach/FL/33139

**S. HAWKES**  
MAR 11 2009  
**EXAMINER**

**REINSTATEMENT**  
2007-09

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

*Nader Afrooz*

Date

03/03/2009

Daytime Phone#

305.987.8825

Typed or printed name of signing Managing Member/Manager **Nader Afrooz**

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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