

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000079680

1. Limited Liability Company's Name

Platinum Miami LLC

006

FILED
08 JAN 28 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

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

1508 Bay Road

Suite, Apt. #, etc.

N029

City & State

Miami Beach FL33139

Zip

33139

Country

Dade

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

MIAMI DADE

5. Date Organized or Qualified
To Do Business in Florida

8/12/2005

6. FEI Number

23-3308838

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

DAVID FILLER ESQ.

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

1320 S. Dixie Highway

Suite, Apt. #, Etc.

Penthouse 1275

City

Miami

State

FL

Zip Code

33146

☒ 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

David Filler

REGISTERED AGENT MUST SIGN

Date January 28, 2008

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	Kenneth Lund	1508 Bay Road # N029	Miami Beach FL33139

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02/14/08--01046--022 **416.25

REINSTATEMENT 2006-2008

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

Kenneth T. Lund

Date 1/28/2008

Daytime Phone # 714-721-2270

Typed or printed name of signing Managing Member/Manager

KENNETH T. LUND