

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

2021-2022 AR

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

2022 MAY -2 AM 11:38

DOCUMENT # L05000084588

1. Limited Liability Company's Name

Bay Cut Properties LLC, a Florida limited liability company

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

1300 Brickell Ave

Suite, Apt #, etc

3. Mailing Office Address

1300 Brickell Ave

Suite, Apt #, etc

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33131

Country

USA

Zip

33131

Country

USA

8. Name and Address of Current Registered Agent

Name

Olga De Los Santos, Esq.

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

1300 Brickell Ave

Apt # Etc

City

Miami

State

FL

Zip Code

33131

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

REGISTERED AGENT MUST SIGN

Date

4-20-22

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	Edgardo A Defortuna	1300 Brickell Ave	Miami, Florida 33131
MGR	Ana C Defortuna	1300 Brickell Ave	Miami, Florida 33131

11. E-mail Address: olga@fortuneintlgroup.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 605, 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date

4-20-22

Daytime Phone #

305 351 1000

Typed or printed name of signing authorized representative/member