

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 APR 28 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600126202786
04/28/08--01016--002 **416.25
CR2E041 (12/07)

DOCUMENT # L05000094897

1. Limited Liability Company's Name

VERONIK, LLC

Ob

2. Principal Office Address - No P.O. Box #
6103 Aqua Ave.

3. Mailing Office Address
6103 Aqua Ave.

Suite, Apt. #, etc.
Unit 401

Suite, Apt. #, etc.
UNIT 401

City & State
Miami Beach, FL

City & State
Miami Beach, FL

Zip Country
33141 USA

Zip Country
33141 USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida Sept. 27, 2005

6. FEI Number
20-3604082

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
Atrium Registered Agents, INC.

Street Address (P.O. Box Number is Not Acceptable)
1500 San Remo Ave.

Suite, Apt. #, Etc.
Suite 125

City
Coral Gables

State Zip Code
FL 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

REGISTERED AGENT MUST SIGN

DENNIS GINSBURG, VP
ATRIUM REGISTERED
AGENTS, INC.

Date

4/24/08

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
MGR	Mishaan, Alberto	6103 Aqua Ave. Unit 401	Miami Beach, FL 33141

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

Date 04/22/08

Daytime Phone # (954) 364-8198

Typed or printed name of signing Managing Member/Manager

ALBERTO MISHAAN