

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 SEP -4 AM 10:10

DOCUMENT # L05000105400

1. Limited Liability Company's Name

Mosaic Penthouse LLC

REINSTATEMENT

2007-09 Sem

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #
3001 South Ocean Dr #213

Suite, Apt. #, etc.
1213

City & State
Hollywood, FL 33019

Zip Country
33019 USA

3. Mailing Office Address
4500 Rockside Rd

Suite, Apt. #, etc.
Suite 120

City & State
Independence, Ohio

Zip Country
44131 USA

4. State/Country of Formation
Hollywood FL

5. Date Organized or Qualified
To Do Business in Florida 10/27/2005

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
Stephen Abbey

Street Address (P.O. Box Number is Not Acceptable)
3001 South Ocean DR

Suite, Apt. #, Etc.
Apt # 1213

City State Zip Code
Hollywood, FL 33019

☒ 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

Date

8-25-09

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	Stephen Abbey	4500 Rockside Rd, Suite 120	Independence, Ohio 44131

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

8-25-09

Daytime Phone # 216-920-6411

Typed or printed name of signing Managing Member/Manager Stephen Abbey