

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 JUN 25 PM 2:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L06000004115

1. Limited Liability Company's Name

AMARIC BRIARWOOD PROPERTY, LLC

400131585694
06/23/08--01039--013 **377.50

CR2E041 (12/07)

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

SOECKINGER STRASSE 35

Suite, Apt. #, etc.

N/A

City & State

STARNBERG

Zip

82319

Country

GERMANY

3. Mailing Office Address

SOECKINGER STRASSE 35

Suite, Apt. #, etc.

N/A

City & State

STARNBERG

Zip

82319

Country

GERMANY

4. State/Country of Formation

FLORIDA/ USA

5. Date Organized or Qualified

To Do Business in Florida **01/11/2006**

6. FEI Number

20-4380593

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

NORMA BRENNE HENNING, J.D.

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

5621 STRAND BLVD.

Suite, Apt. #, Etc.

SUITE 105

City

NAPLES

State

FL

Zip Code

34110

☐ 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

Norma Brenne Henning

Date **06/18/08**

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	MARKUS PAETSCH	SOECKINGER STRASSE 35	STARNBERG 82319 GERMANY

REINSTATEMENT

07.08

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

Markus Paetsch

Date **JUNE 16 2008**

Daytime Phone# **441799176002**

Typed or printed name of signing Managing Member/Manager

MARKUS PAETSCH