

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000040487

1. Limited Liability Company's Name

Casa del Mar 19-C, LLC

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

881 Ocean Drive

Suite, Apt. #, etc.

Unit #19-C

City & State

Key Biscayne, FL

Zip

33149

Country

USA

3. Mailing Office Address

881 Ocean Drive

Suite, Apt. #, etc.

Unit #19-C

City & State

Key Biscayne, FL

Zip

33149

Country

USA

8. Name and Address of Current Registered Agent

Name

Angel M. Garcia-Oliver, P.A.

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

2 Alhambra Plaza

Suite, Apt. #, Etc.

Suite 801

City

Coral Gables

State

FL

Zip Code

33134

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 10-28-2009

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 | Andres Gonzalez | 881 Ocean Drive, Unit #19-C | Miami, Florida 33149 |
| MGR | Deborah Malca | 881 Ocean Drive, Unit #19-C | Miami, Florida 33149 |
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REINSTATEMENT 08-09

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 10-28-09

Daytime Phone # 305-446-8431

Typed or printed name of signing Managing Member/Manager Deborah Malca

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800162311128
10/29/09--01026--001 **277.50

CR2E041 (10/08)

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida 04-11-2006

6. FEI Number
20-4918192

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required
for a Certificate of Status

☒ 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.