

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000074341

1. Limited Liability Company's Name

FLORIDA MEDIATION, LLC

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

111 NE 1ST STREET

Suite, Apt. #, etc.

5TH FLOOR

City & State

MIAMI, FL

Zip

33132

Country

3. Mailing Office Address

111 NE 1ST STREET

Suite, Apt. #, etc.

5TH FLOOR

City & State

MIAMI, FL

Zip

33132

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida **07/26/06**

6. FEI Number

06-1787819

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

Saul Cimbler

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

111 NE 1st Street

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33132

☒ 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

Date **03-04-09**

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
MNG	SAUL CIMBLER	111 NE 1ST STREET, 5TH FL	MIAMI, FL 33132

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 **03-04-09**

Daytime Phone # **305-964-0353**

Typed or printed name of signing Managing Member/Manager **SAUL CIMBLER**

FILED

09 MAR 10 AM 8:23

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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03/24/09--01030--014 **416.25

CR2E041 (10/08)

REINSTATEMENT

07-09

L. SELLERS

MAR 11 2009

EXAMINER