

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 OCT 19 PM 2:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L06000086491

1. Limited Liability Company's Name

**Avemar 2518 LLC**

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 2950 SW 27th Ave		3. Mailing Office Address 2950 SW 27th Ave	
Suite, Apt. #, etc. Suite 100		Suite, Apt. #, etc. Suite 100	
City & State Miami, FL. 33133		City & State Miami, FL. 33133	
Zip 33133	Country	Zip 33133	Country

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 9/1/2006	
6. FEI Number 205529590	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	
Name Pablo R. Bared, Esq.	
Street Address (P.O. Box Number is Not Acceptable) 2950 SW 27th Ave	
Suite, Apt. #, Etc. Suite 100	
City Miami, FL. 33133	State FL
Zip Code	

**500186860845**  
10/19/10--01006--012 \*\*\$16.25

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 10/14/10

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	Salomon Hamui	2950 SW 27th Ave	Miami, FL. 33133
MGR	Celia Hamui	2950 SW 27th Ave	Miami, FL. 33133

11. E-mail Address: mimi @ bared law. com

(To be used for future annual report notifications)

12. 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 Hamui Date 10/14/10 Daytime Phone # 305 666 6010

Typed or printed name of signing Managing Member/Manager Salomon Hamui, Manager