

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT  
2014



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L06000097177

1. Limited Liability Company's Name

1216 HOLLYWOOD, LLC

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

7091 TAFT STREET

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FLORIDA

Zip

33024

Country

USA

3. Mailing Office Address

7091 TAFT STREET

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FLORIDA

Zip

33024

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

10/04/2008

6. FEI Number

20-8091022

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

SPIEGEL & UTRERA, P.A.

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

1840 SOUTHWEST 22ND STREET

Suite, Apt. #, Etc.

4TH FLOOR

City

MIAMI

State

FL

Zip Code

33145

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

6/25/14

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	MARQUINA, CANDICE	7091 TAFT STREET	HOLLYWOOD, FL 33024
AMBR	BLANCO, JEANNETTE	7091 TAFT STREET	HOLLYWOOD, FL 33024

11. E-mail Address:

CLUBASSIST@AMERILAWYER.COM

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Candice Marquina

Date 6/25/14

Daytime Phone #

302-302-3602

Typed or printed name of signing Authorized Representative/Manager

CANDICE MARQUINA

FILED

14 AUG 26 AM 8:58

ALLAHASSEE, FLORIDA

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