


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2021 NOV 29 AM 11:44

SECRETARY OF STATE  
TALLAHASSEE, FL

300377241653  
11/23/21 - 01029--003 \*\$987.50

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L06000119569

1. Limited Liability Company's Name  
Breakwater Investment LLC

2. Principal Office Address - No P.O. Box # 1486 Breakwater Terrace		3. Mailing Office Address 1835 EAST HALLANDALE BEACH BL	
Suite, Apt #, etc		Suite, Apt #, etc PMB 217	
City & State Hollywood		City & State Hallandale Beach	
Zip 33019	Country USA	Zip 33009	Country USA

CR2E041 (1/14)

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 01/01/2007	
6. FEI Number 20-8064838	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent			
Name MITCHELL J. HOWARD CPA PA			
Street Address (P.O. Box Number is Not Acceptable) Suite 3800 S. OCEAN DRIVE			
Apt #, Etc 228			
City Hollywood	State FL	Zip Code 33019	

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 Mitchell J Howard

Date 11/18/2021

REGISTERED AGENT MUST SIGN

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
MGRM	CONNELL THOUZ, KATHERINE	1486 BREAKWATER TERRACE	HOLLYWOOD / FLORIDA / 33019

11. E-mail Address tthouez@hotmail.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 605, 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of authorized representative/member Kathy Connell Thouz Date 11/18/2021 Daytime Phone # (954)649-4900

Typed or printed name of signing authorized representative/member KATHERINE CONNELL THOUZ