

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

19 FEB 11 PM 4:35

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L06000120193

1. Limited Liability Company's Name

~~KAOBRA LLO~~  
VIP LLC

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

10000 W BAY HARBOR DR

Suite, Apt. #, etc.

422

City & State

BAY HARBOR ISLANDS, FL

Zip

33154

Country

US

3. Mailing Office Address

10000 W BAY HARBOR DR

Suite, Apt. #, etc.

422

City & State

BAY HARBOR ISLANDS, FL

Zip

33154

Country

US

8. Name and Address of Current Registered Agent

Name

ANDRES JARAMILLO

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

10000 W BAY HARBOR DR

Apt. #, Etc.

422

City

Bay harbor islands

State

FL

Zip Code

33154

4. State/Country of Formation

FL, US

5. Date Organized or Qualified

To Do Business in Florida 12/19/2006

6. FEI Number

20-8064508

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required for a certificate of status

CR2E041 (1/14)

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

Date

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
mgr	Andres Jaramillo	10000 w bay harbor dr	Bay harbor islands, fl 33154

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11. E-mail Address: Andres1@vip-core.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

Date

2-8-19

Phone Number

305 4670237

Typed or printed name of signing authorized representative/member

Andres Jaramillo