

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000019804

1. Limited Liability Company's Name

395 Leucadendra Drive, LLC

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

8545 Old Cutler Road

Suite, Apt. #, etc.

3. Mailing Office Address

8545 Old Cutler Road

Suite, Apt. #, etc.

City & State

Coral Gables

City & State

Coral Gables

Zip

33143

Country

USA

Zip

33143

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

02/21/2007

6. FEI Number

208484163

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
Nicolas Finazzo

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

8545 Old Cutler Road

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33143

E-mail Address:

finazzo1@bellsouth.net

(To be used for future annual report notices)

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

Nicolas Finazzo

Date **4-30-12**

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
MGR	Finazzo, Nicolas	8545 Old Cutler Road	Coral Gables, FL 33143
MGR	Finazzo, Rose Ann	8545 Old Cutler Road	Coral Gables, FL 33143
MGRM	Enarey, LP	8545 Old Cutler Road	Coral Gables, FL 33143

REINSTATEMENT - 2011 - 2012

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. 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 Managing
Member/Manager

Nicolas Finazzo

Date **April 30, 2012**

Daytime Phone # **(305) 764-3201**

Typed or printed name of signing Managing Member/Manager **Nicolas Finazzo**

C&P