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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

2024 OCT 22 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FL

100483837361
10/22/24--01017--001 **655.00

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000046530

1. Limited Liability Company's Name
OCEAN BREEZE APPRAISALS, LLC

CR2EC41 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
8004 MIAMI LAKES DRIVE	8004 MIAMI LAKES DRIVE
Suite, Apt. #, etc. #654	Suite, Apt. #, etc. #654
City & State MIAMI LAKES, FL	City & State MIAMI LAKES, FL
Zip / Country 33016 / USA	Zip / Country 33016 / USA

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business In Florida 05/02/2007

6. FEI Number
20-8958386
☐ 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
JOSE J SANCHEZ

Street Address (P.O. Box Number is Not Acceptable) Suite,
8004 MIAMI LAKES DRIVE #654

Apt. #, Etc.
MIAMI LAKES

City / State / Zip Code
FL / FL / 33016

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 JOSE J SANCHEZ (DOCTOOL144FE401...) Date 10/14/2024
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	JOSE J SANCHEZ	8004 MIAMI LAKES DRIVE #654	MIAMI LAKES, FL 33016
		Reinstatement	
		21-24	

11. E-mail Address HILARY@BARINASASSOCIATES.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 JOSE J SANCHEZ (DOCTOOL144FE401...) Date 10/14/2024 Daytime Phone # (786) 355-1008

Typed or printed name of signing authorized representative/member JOSE J SANCHEZ