

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

17 FEB 20 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 207000048480

1. Limited Liability Company's Name
Mastic Point, LLC.

2. Principal Office Address - No P.O. Box #
701 Bickell Ave
Suite, Apt. #, etc.
2000

3. Mailing Office Address
Suite, Apt. #, etc.

City & State
Miami, FL.

City & State

Zip Country
33131 US

CR2EM1 (1/14)

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
05/07/2007

6. FEI Number
98-0537078

Applied For
 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
Gerardo A. Vazquez, P.A.

Street Address (P.O. Box Number is Not Acceptable) Suite,
701 Bickell Ave # 2000

Apt. #, Etc.

City
Miami

State Zip Code
FL 33131

900295702579
02/20/17-01002-002 **377.50

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 Representative/Manager	Street Address of Each Authorized Representative/Manager	City / State / Zip
MAN	Carlos Gorshtein	701 Bickell Ave #2000	Miami FL 33131

11. E-mail Address: _____
(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 [Signature] Date 2/13/17 Daytime Phone # _____

Typed or printed name of signing authorized representative/member _____

RE 2/20/17