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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

200286338802
03/06/17--01026--003 **932.50

DOCUMENT # L07000051716

1. Limited Liability Company's Name
Biminis LLC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
701 Brickell Ave.	
Suite, Apt. #, etc. 2000	Suite, Apt. #, etc.
City & State Miami, FL.	City & State
Zip 33131 Country U.S.A.	Zip Country

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 05/15/2007

6. FEI Number: 98-0537038 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee required for Certificate of Status

8. Name and Address of Current Registered Agent

Name: Gerardo A. Vazquez, PA.

Street Address (P.O. Box Number is Not Acceptable): 701 Brickell Ave.

Apt. #, Etc.: 2000

City: Miami State: FL Zip Code: 33131

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: 2/23/2017

REGISTERED AGENT MUST SIGN

10. Name and Street Addresses of Authorized Representatives/Managers

Title	Name of Authorized Representative/ Manager	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AMBR	Victor Salamonovitz	701 Brickell Ave.	Miami FL 33131
	REINSTATEMENT	MAR 06 2017 R. HUNT	

11. E-mail Address: LAP@vazquez.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: X Salamonovitz Date: FEB-27-17 Daytime Phone #: _____

Typed or printed name of signing authorized representative/member: _____