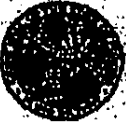


FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

2017 MAR -6 PM 12:48

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		200286326802 03/06/17-01026--003 **932.50	
DOCUMENT # <u>LO7000051716</u>					
1. Limited Liability Company's Name <u>Bimini's LLC.</u>					
2. Principal Office Address - No P.O. Box # <u>701 Brickell Ave.</u> Suite, Apt. #, etc. <u>2000</u> City & State <u>Miami, FL.</u> Zip <u>33131</u> Country <u>U.S.A.</u>		3. Mailing Office Address Suite, Apt. #, etc. City & State Zip Country		4. State/Country of Formation <u>Florida</u> 5. Date Organized or Qualified To Do Business in Florida <u>05/15/2007</u> 6. FE Number <u>98-0537038</u> ☐ Applied For ☐ Not Applicable 7. CERTIFICATE OF STATUS DESIRED ☐ is an additional fee required for a certificate of status.	
8. Name and Address of Current Registered Agent Name <u>Gerardo A. Vazquez, PA.</u> Street Address (P.O. Box Number is Not Acceptable) Suite <u>701 Brickell Ave.</u> Apt. #, Etc. <u>2000</u> City <u>Miami</u> State <u>FL</u> Zip Code <u>33131</u>					
9. I, being appointed the registered agent of the above named limited liability company, and familiar with and accept the obligations of Chapter 606, F.S. Signature of Registered Agent <u>[Signature]</u> Date <u>2/23/2017</u> REGISTERED AGENT MUST SIGN					
10. Name and Street Address of Authorized Representatives/Managers					
Title	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager		City / State / Zip	
AMGR	Victor Salamonovitz	701 Brickell Ave.		Miami FL 33131	
REINSTATEMENT					
MAR 06 2017 R. HUNT					
11. E-mail Address: <u>LAVAZQUEZ.COM</u>					
12. I certify that I am an authorized representative/manager of the registrant or trustee empowered to execute this application as provided for in Chapter 606, 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 606.0012, F.S., and that all fees owed by this 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. 617.156, F.S.					
Signature of authorized representative/manager <u>[Signature]</u> Date <u>FEB-27-17</u> Daytime Phone # _____ Typed or printed name of signing authorized representative/manager _____					