

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2012 APR 25 AM 11:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100231523081  
04/25/12--01027--005 \*\*\$55.00

CR2E041 (1/11)

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L08000035102

1. Limited Liability Company's Name

Mosaic 04, LLC

2. Principal Office Address - No P.O. Box #  
1911 NW 150th Ave.

Suite, Apt. #, etc.

Suite 201

City & State

Pembroke Pines, FL

Zip

33028

Country

USA

3. Mailing Office Address

1911 NW 150th Ave.

Suite, Apt. #, etc.

Suite 201

City & State

Pembroke Pines, FL

Zip

33028

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

04/07/2008

6. FEI Number

☒ 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 Peter M. Lopez, P.A.

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

1911 NW 150th Ave.

Suite, Apt. #, Etc.

Suite #201

City

Pembroke Pines

State

FL

Zip Code

33028

E-mail Address:

pmlopezpa@yahoo.com

(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

Date

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
MGRM	Erico Corelli	1911 NW 150th Ave. #201	Pembroke Pines, FL 33028

REINSTATEMENT

09-12  
04-12

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

Date 4/18/2012

Daytime Phone # 954-436-6111

Typed or printed name of signing Managing Member/Manager Erico Corelli