

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

13 APR -2 AM 9:49

DOCUMENT # L08000082712

1. Limited Liability Company's Name

OUT A SPACE, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #

121 Alhambra Plaza

Suite, Apt. #, etc.

Suite 1600

City & State

Coral Gables FL

Zip

33134

Country

US

3. Mailing Office Address

121 Alhambra Plaza

Suite, Apt. #, etc.

Suite 1600

City & State

Coral Gables, FL

Zip

33134

Country

US

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified
To Do Business in Florida

8/25/2008

6. FEI Number

26-3032285

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

B. LARRY RENTZ

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

121 Alhambra Plaza

Suite, Apt. #, Etc.

Suite 1600

City

Coral Gables

State

FL

Zip Code

33134

E-mail Address:

000246354680

04/02/13--01035--003 **793.75

y6il@allenmoss.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

B. Larry Rentz

REGISTERED AGENT MUST SIGN

Date 3.28.2013

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
mbr	W. Allen Morris	121 Alhambra Plaza Suite 1600	Coral Gables, FL 33134
mbr	Yazmin Gil	121 Alhambra Plaza Suite 1600	Coral Gables, FL 33134

REINSTATEMENT

APR 2 2013

R. HUNT

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

W. Allen Morris

Date 3-28-13

Daytime Phone # 305-476-2611

Typed or printed name of signing Managing Member/Manager