

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2021 APR 26 PM 12:08

SECRETARY OF STATE  
TALLAHASSEE, FL

**DOCUMENT #** L08000085891

1. Limited Liability Company's Name

MIRACASA REALTY, LLC

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

3350 SW 148TH AVE.

3. Mailing Office Address

3350 SW 148TH AVE.

Suite, Apt. #, etc.

SUITE 120

Suite, Apt. #, etc.

SUITE 120

City & State

MIRAMAR, FL

City & State

MIRAMAR, FL

Zip

33027

Country

US

Zip

33027

Country

US

8. Name and Address of Current Registered Agent

Name

GBS CONSULTANTS, INC.

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

3350 SW 148TH AVE.

Apt. #, Etc.

SUITE 120

City

MIRAMAR

State

FL

Zip Code

33027

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

*Alberto Miranda*

Date 04/26/21

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	ALBERTO MIRANDA	3350 SW 148TH AVE. SUITE 120	MIRAMAR, FL 33027
MGR	ANDREA MIRANDA	3350 SW 148TH AVE. SUITE 120	MIRAMAR, FL 33027
MGR	ISABEL CUELLAR PERALTA	3350 SW 148TH AVE. SUITE 120	MIRAMAR, FL 33027

11. E-mail Address

(To be used for future annual report notifications)

D CUSHING

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 *Alberto Miranda*

Date 04/26/21

Daytime Phone # 954-659-8835

Typed or printed name of signing authorized representative/member ALBERTO MIRANDA

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:  
Division of Corporations  
Fax Number : (850)617-6384

From:  
Account Name : GBS CONSULTANTS, INC.  
Account Number : I20050000012  
Phone : (954)659-8835  
Fax Number : (954)301-0417

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: isabelcuellarperalta@gmail.com

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**LIMITED LIABILITY REINSTATEMENT  
MIRACASA REALTY, LLC**

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TALLAHASSEE, FL

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