

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # LO90000 88533

1. Limited Liability Company's Name

Ocean Palms 2506 LLC

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

3101 S. Ocean Drive

Suite, Apt. #, etc.

2506

City & State

Hollywood, Florida

Zip

33019

Country

US

3. Mailing Office Address

Same.

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

CR2E041 (1/14)

**8. Name and Address of Current Registered Agent**

Name

Gerardo A. Vazquez, PA

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

200 S. Biscayne Blvd.

Suite, Apt. #, Etc.

4310

City

Miami

State

FL

Zip Code

33131

200269790522  
02/23/15--01001--025 \*\*798.75

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 2/12/2015

**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
ambr	Giancarlo Di Zio	3101 S. Ocean Dr # 2506	Hollywood, Fl. 33019
ambr	Lorella Di Zio	3101 S. Ocean Dr # 2506	Hollywood, Fl. 33019
ambr	Paul Di Zio	3101 S. Ocean Dr # 2506	Hollywood, Fl. 33019

11. E-mail Address: la@qvazquez.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager of 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 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of  
Authorized Representative/Manager

*[Signature]*

Date 2/12/15 Daytime Phone # 305-371-8064

Typed or printed name of signing Authorized Representative/Manager

RE 2/26/15