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LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

17 AUG 10 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800302416188

DOCUMENT # L09000094571

Limited Liability Company's Name
ERING FALLS, LLC

Principal Office Address - No P.O. Box # 5 GALLARDO ST		3 Mailing Office Address 9355 GALLARDO ST	
Apt. # etc.		Suite Apt. # etc.	
City & State CORAL GABLES, FL		City & State CORAL GABLES, FL	
Country USA	Zip 33156	Country USA	
8 Name and Address of Current Registered Agent			
Name ROXANA P. RIOS			
Mailing Address (P.O. Box Number is Not Acceptable) Suite SE 2nd AVENUE			
City & State MIAMI, FL			
State FL	Zip Code 33131		

CFR25041 (1/14)

4 State/Country of Formation FLORIDA	
5 Date Organized or Qualified To Do Business in Florida SEPTEMBER 30, 2009	
6 FEI Number	☐ Applied For ☒ Not Applicable
7 CERTIFICATE OF STATUS DESIRED ☒ \$5.00 Additional Fee required for a certificate of status	

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 Roxana P. Rios Date 08/10/2017
REGISTERED AGENT MUST SIGN

Names and Street Addresses of Authorized Representatives/Managers

Title	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager	City / State / Zip
OWNER	ROXANA P. RIOS	333 SE 2nd AVENUE	MIAMI, FL 33131

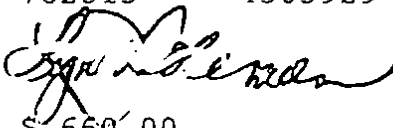
E-mail Address RIOSRO@GTLAW.COM

(To be used for future annual report notifications)

I certify that I am an authorized representative/manager of 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's name satisfies the requirement of section 6012, 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 Roxana P. Rios Date 08/10/2017 Daytime Phone # 305-579-7954
Typed or printed name of signing authorized representative/member ROXANA P. RIOS

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 762815 4303929
AUTHORIZATION : 
COST LIMIT : \$ 660.00

ORDER DATE : August 10, 2017
ORDER TIME : 3:40 PM
ORDER NO. : 762815-005
CUSTOMER NO: 4303929

DOMESTIC FILINGS

NAME: DEERING FALLS, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
_____ PLAIN STAMPED COPY
XX _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - Ext#

EXAMINER'S INITIALS _____

2017 AUG 10 PM 3:13