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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

IMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
17 AUG 10 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800302416188

)CUMENT # L09000094571

imited Liability Company's Name
ERING FALLS, LLC

CR2E041 (1/14)

Principal Office Address - No P.O. Box #	3 Mailing Office Address
5 GALLARDO ST	9355 GALLARDO ST
Apt # etc	Suite Apt # etc
State	City & State
RAL GABLES, FL	CORAL GABLES, FL
56 / Country: USA	Zip: 33156 / Country: USA

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

8 Name and Address of Current Registered Agent

ame
XANA P. RIOS

eet Address (P.O. Box Number is Not Acceptable) Suite
SE 2nd AVENUE

t # Etc

City	State	Zip Code
MI	FL	33131

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.

ature of gistered Agent: Roxana P. Rios Date: 08/10/2017

REGISTERED AGENT MUST SIGN

Names and Street Addresses of Authorized Representatives/Managers

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

E-mail Address: RIOSRO@GTLAW.COM

(Optional for future annual report notification)

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. Further ity that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 5.0012, 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 all 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 ny as provided for in s. 817.155, F.S.

nature of authorized representative/member: Roxana P. Rios Date: 08/10/2017 Daytime Phone #: 305-579-7954

ped or printed name of signing authorized representative/member: ROXANA P. RIOS

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CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, 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

2017 AUG 10 AM 9:13

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 _____