

LIMITED LIABILITY							
COMPANY							
REINSTATEMENT							



## FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

	MENT # LO900 iability Company's Name	0100818	-					
MIAMI SHINE LLC.					500328266166 04/13/13-01006-020 #500.00 600328266166 04/19/19-01006-021 #31.25			
Principal Office Address - No P.O. Box # 3. Mailing Office Address						CR2E041 (1/14)		
911 SW	11TH AVE.	911 SW 11TH AVE.			4. State/Count	try of Formation		
Suite, Apt. #,		Suite, Apt #, etc.			FLORI		DADE	
						ized or Qualified less in Florida   / / / /	9/2009	
City & State		City & State			F 601 H		Applied For	
MIAM	11, FLORIDA	MIAMI, FLORIDA			6. FEI Numbe	68321	Not Applicable	
Zip Country US		Zip Country U.S		<u> </u>				
33130	•	33130	MI	AMI DADE	CERTIFICATE OF	STATUS DESIRED . S5.00	Additional Fee required certificate of status	
	8. Name and Address	of Current Registered Age	nt					
Name (2	, - 1	-		<del></del>	1			
Ryan Fouhy Street Address (P.O. Box Number is Not Acceptable) Suite.					=			
911 SW 11 TH AVE								
Apt #, Etc.					-			
City State Zip Code								
MIA	MI		FL	33136				
9. I, bein	g appointed the regintered agent of the ab	ove named limited liability com	рапу, ап	n lamiliar with and acc	cept the obligation	s of Chapter 605, F.S.	,	
Signature o		7				Date 4/18	7/19	
Registered	Agent	REGISTERED AGENT MUST SIG	N		<u> </u>	Date/ / / 0	<del>/-1</del>	
10. Names	and Street Addresses of Authorized Repre			<del></del> .			<u> </u>	
NA INGINES		serifatives warraders		trant Address of Each		<u> </u>	·	
Title <b>s</b>	Name of Authorized Representatives/ Managers		Street Address of Each Authorized Representati Manager		ve/	City / State / Zip		
MERM	RYAN FOUHY	911 6	911 SW 11TH AVE			MIAMY E	DRIDA 33130	
1-101(1-1	TOTAL TOTAL	111 2		(1117,40		1 1(111-(1),11	20 Km. 75 100	
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						APR 2 7 2019		
						S. YOUNG		
						1. 100,10	, 	
11. E-mail	Address MIAMISHINEC	LEANERS 6	GA	1AIL. CO	M			
12 Leartife	that I am an authorized representative/			annual report notification		as provided for in Chapter	605, F.S. Hudber	
certify that	when filing this reinstatement application	n the reason for dissolution ha	as been	eliminated, the limite	ed liability compar	ny name satisfies the requi	rement of section	
	F.S., and that all fees owed by the limite the same legal effect as if made under o							
	rovided for in s. 817,155, F.S.	/ / //						
Signature o	of authorized representative/member	( Justo		Date	<u>//8//9</u> 0	aytıme Phone #	, 514 1400	
Typed or p	rinted name of signing authorized repres	entative/member	AN	Forhy !				
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