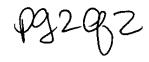
	PLEASE REA	AD ALL INS	TRUCT	IONS BEFORE	COMPLET	13 DEC 27 PH 12: 24			
cc	D LIABILITY DMPANY STATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
1. Limited Lia	MENT # L10000087	⁷ 165							
	ORILL KIRKEBY, LLC Office Address - No P.O. Box #	3 Marilian	Office Address		11-13	CR2E041 (1/11)			
	DLLINS AVENUE #1101		3. Mailing Office Address 17555 COLLINS AVENUE #1101			4. State/Country of Formation			
Suite, Apt. #, e			Suite, Apt. #, etc.			FLORIDA			
						Date Organized or Qualified To Do Business in Florida 08/19/2010			
City & State	CLEO DE ACUL EL	r -	City & State			6. F€l Number Applied For			
Zip	SLES BEACH, FL	Zip	SUNNY ISLES BEACH, FL			X Not Applicable			
33160	UNITED STATE	1 '		UNITED STATES	7. CERTIFICATE	OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status			
8.	Name and Addre	ss of Current Regist	ered Agent	in the second se		<u> </u>			
Name	ATION SERVICE COM	DANY	E-mail Address:						
	ss (P.O. Box Number is Not Accep		700255040137						
1201 HAY	/S STREET			4					
Cano, ripi. n				itkirkeby@itkirkeby.com					
TALLAHA	SSEE		State Zip Code FL 32301			(To be used for future annual report notices)			
9. I, being ap	ppointed the registered agent of the	e above named limi	ited liability or	ompany, am familler with and	<u> </u>				
Signature Registere		REGISTERSED	AGENT MUS	ઉપ દ G. h _{Tsigh} əsistant Vice	Knight : Presider	nt Date /2-27-/3			
10. Names	and Street Addressos of Managin	g Members/Manage	жв						
Titles	Name of Managing Members/ Managers			Street Address of Each Managing Member/ Mana		City / State / Zip			
мемв	INGER-TORILL KIRKEBY		17555 COLLINS AVENU			SUNNY ISLES BEACH, FL 33160			
			ļ						
			 	LINE V					
						DEC 2.7 2013			
						S. PRATHER			
11 Certify th	nat i am managing memberimana	per or the receiver o	r inusiee emn	powered to execute this applic	cation as provided	1 for in Chapter 608, F.S. I further certify that when filling			

this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 808,406, 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 fatse 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 Managing Member/Manager INGER-TÖRILLKIRKEBY Typed or printed name of signing Managing Member/Manager





		ACC	OUNT NO.	:	120000000	195		
		RI	EFERENCE	:	939384	7791414		
		AUTHOI	RIZATION	:	1 Torol	X al		
	 .	COS	ST LIMIT	:	\$ 516.25	Elena.	·	
ORDER DAT	TE :	December	23, 201	3				
ORDER TIM	ME :	9:54 AM	1					
ORDER NO.	. :	939384-0)05					
CUSTOMER	NO:	77914	114				£2	56193
	AME:	INGEF	?-TORILL	KIRI	KEBY, LLC		歌	では
NA								
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XX REI			OWING AS	PRO	OOF OF FIL	ING:		
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