

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

1. Limited Liability Company's Name

333 PROFESSIONAL CENTER LLC

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

11090 NW 84 St

Suite. Apt. #, etc

City & State

DORAL, FLORIDA

Zip,

331.78

Country

United States

3. Mailing Office Address

11090 NW 84 St

Suite, Apt. #, etc.

City & State

DORAL, FLORIDA

Zip

33178

Country

United States

8. Name and Address of Current Registered Agent

† Name

GENESIS PORRAS

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

11090, NW 84 St.

Apt #, Etc

City

DORAL

State

FL

Zip Code

33178

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 Garrett Jones

Date 04/24/2019

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

[illegible]

11 E- mail Address: genesis.porras.m@gmail.com

(To be used for future annual report notifications)

12. 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. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement 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 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

Genesis 10

Date 04/24/2019

Daytime Phone # (786) 201-0084

Typed or printed name of signing authorized representative/member **Genesis Porras**