PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

	ENT # L1000	0008856
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1. Limited Liability Company's Name

333 PROFESIONAL CENTER LLC

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2019/11/13	Pii 1: 16
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333 PHOFES	SIONAL CENTER LLC				1			
					1 150	300329443 3003-335 -	1155 19155	
2. Principal Office Address - No P.O Box#		_	Mailing Office Address		CR2E041 (1/14)			
11090 NW 84	1 St 		11090 NW 84 St Suite, Apt. #, etc		4. State/Country of Formation Florida, USA 5. Date Organized or Qualified To Do Business in Florida 08/23/2010			
Suite. Apt. #, etc		Suite, Apt. #, etc.						
City & State		City & State						
DORAL, FLORIDA			DORAL, FLORIDA		6. FEI Number None		Applied For Not Applicable	
Zip	Country	Zıp	Ī	Country	┪	\$5.00 Additi	onal Fee required ate of status	
33178	United States	33178		United States	CERTIFICATE OF	STATUS DESIRED S5.00 Addition	ate of status	
1	8. Name and Addre	ess of Current Registe	ered Agent		1			
¹ Name GENESIS PO	DRRAS							
	O. Box Number is Not Acceptable) S	suite.			-			
11090, NW 8	4 St.				_			
Apt #, Etc								
City			Sta		-			
DORAL			F	<u> </u>				
9. I, being app	ointed the registered agent of the	above named limited lia	ability compar	ny, am familiar with and ac	cept the obligations	s of Chapter 605, F.S.		
Signature of	· Comein	gows.				Date 04/24/2019		
Registered Agen		REGISTERED AGENT	MUST SIGN			Date		
10. Names and S	Street Addresses of Authorized Rep	resentatives/Managers						
Titles	Authorized Representatives/ Authorized Repr			Street Address of Each Authorized Representat Manager				
MGRM			11090 NW 84 S	t.	DORAL, FL 33178			
_								
					AEINS	TATEMENT	/10	
					MEMBE			
			_	MAY 1 1 70		2011-20	219	
				I ALBRITT	TON			
11. E- mail Addre	genesis.porras.m	1@gmail.com						

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.

 04/24/2019

<u>, (786) 201-0084</u>