

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

**2019 APR 17 AM 10:12**

DIVISION OF CORPORATION  
ALLAHASSEE, FLORIDA

DOCUMENT # **L11000055807**

1. Limited Liability Company's Name  
**16 Aquamarine Drive LLC.**

800328128139  
04/17/19--01008--007 \*+135.00  
CRZEC41 (1/14)

2. Principal Office Address - No P.O. Box #  
**4 Gibb Lane**

3. Mailing Office Address  
**4 Gibb Lane**

Suite, Apt. #, etc.

4. State/Country of Formation  
**Florida U.S.A.**

City & State  
**Islip, New York**

5. Date Organized or Qualified To Do Business in Florida  
**May 25 2011**

Zip Country Zip Country  
**11751 U.S.A. 11751 U.S.A.**

6. FEI Number  
**45-2637065**

7. CERTIFICATE OF STATUS DESIRED  \$5.00 Additional Fee required for a certificate of status

8. Name and Address of Current Registered Agent

Name **JAIME CABALLERO**  
Street Address (F.O. Box Number is Not Acceptable) Suite,  
**130 Simonton St**  
Apt. #, Etc.

City **Key West** State **FL** Zip Code **33040**

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: **Jaime Caballero** Date **3/24/19**  
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

| Titles           | Name of Authorized Representatives/Managers | Street Address of Each Authorized Representative/Manager | City / State / Zip    |
|------------------|---|--|-----------------------|
| <del>AGENT</del> | <b>ERIC OHMAN</b>                           | <b>4 Gibb Lane</b>                                       | <b>Islip Ny 11751</b> |
|                  |   |  |                       |
|                  |   |  |                       |
|                  |   |  |                       |
|                  |   |  |                       |

11. E-mail Address: \_\_\_\_\_  
(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 on 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 **Jaime Caballero** Date **3/24/19** Daytime Phone # **3052966667**  
Typed or printed name of signing authorized representative/member **JAIME CABALLERO**

T MOORE