PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

14 SEP 30 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name
L11000072617
w 1113, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
2201 Collins Ave		14 NE 1st Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Unit 1113		2nd Floor	
City & State		City & State	
Miami Beach, FL		Miami, FL	
Zip	Country	Zip	Country
33139	USA	33132	USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
06/22/2011

6. FEI Number
352425383
☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Thomas G. Sherman, P.A.

Street Address (P.O. Box Number is Not Acceptable)
90 Almeria Avenue

Suite, Apt. #, Etc.

City	State	Zip Code
Coral Gables	FL	33134

500264832195
09/30/14--01026--022 **100.00

500264832195
09/30/14--01026--021 **138.75

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 _____ Date 9/17/14

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
MGR	LEDA RAMOS	14 NE 1st Ave, 2nd Fl	Miami, FL 33132

11. E-mail Address: RPM@BENCHMARKRG.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 608, 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 requirements 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager _____ Date _____ Daytime Phone # _____

Typed or printed name of signing Authorized Representative/Manager LEDA RAMOS

Revoked