

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

L11000114535

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

16699 Collins Avenue

3. Mailing Office Address

16699 Collins Avenue

Suite, Apt. #, etc.

Unit 2705

Suite, Apt. #, etc.

Unit 2705

City & State

Sunny Isles Beach, FL

City & State

Sunny Isles Beach, FL

Zip

33160

Country

USA

Zip

33160

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

10/8/2011

6. FEI Number

35-2424464

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

James L. Chase

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

101 East Government Street

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32502

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

REGISTERED AGENT MUST SIGN

Date

2/17/14

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 |
|--------|--|---|------------------------------|
| MGRM | Marcel Mullet | 16699 Collins Avenue, Unit 2705 | Sunny Isles Beach, FL 33160 |
| MGRM | Jennifer Mullet | 4648 Square Lake Drive | Palm Beach Gardens, FL 33418 |
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11. E-mail Address:

tchase@cqmjlaw.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

2/11/14

Daytime Phone # (850) 434-3601