

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

14 APR -2 PM 4:36

DOCUMENT # **L 11000139851**

1. Limited Liability Company's Name

DIVANO DESIGN LLC

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

10796 PINES BLVD

Suite, Apt. #, etc.

SUITE 204

City & State

PEMBROKE PINES FLORIDA

Zip

33026

Country

USA

3. Mailing Office Address

10796 PINES BLVD

Suite, Apt. #, etc.

SUITE 204

City & State

PEMBROKE PINES FLORIDA

Zip

33026

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida
12/13/2011

6. FEI Number

45-4028806

☐ 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

PATRICK MOYAL

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

10796 PINES BLVD

Suite, Apt. #, Etc.

SUITE 204

City

PEMBROKE PINES

State

FL

Zip Code

33026

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04/02/14--01027--007 **516.25

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

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
MGRM	JEROME ABECASSIS	3712 NE 199 STREET	AVENTURA FL 33180
MGRM	HESKIEL RAOUL	3980 194TH LANE	SUNNY ISLES BEACH FL 33160

11. E-mail Address: **MOYALACCOUNTING@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 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

Raul Heskier

Date **03/25/2014**

Daytime Phone #

305-244-2040

Typed or printed name of signing Authorized Representative/Manager

RAOUL HESKIER