

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**FILED**

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

14 SEP 30 AM 9:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Limited Liability Company's Name  
L12000027908  
Unit 1107-2201 Collins, LLC.

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # <b>2201 Collins Ave</b>		3. Mailing Office Address <b>14 NE 1st Ave</b>	
Suite, Apt. #, etc. <b>Unit 1107</b>		Suite, Apt. #, etc. <b>2nd Floor</b>	
City & State <b>Miami Beach, FL</b>		City & State <b>Miami, FL</b>	
Zip <b>33139</b>	Country <b>USA</b>	Zip <b>33132</b>	Country <b>USA</b>

4. State/Country of Formation  
**Florida**

5. Date Organized or Qualified To Do Business in Florida  
02/27/2012

6. FEI Number  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  
**Coral Gables**

State  
**FL**

Zip Code  
**33134**

100264831891  
09/30/14--01026--016 \*\*138.75

100264831891  
09/30/14--01026--015 \*\*100.00

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	Ramon Alcaraz	14 NE 1st Ave, 2nd Fl	Miami, FL 33132

**REINSTATEMENT**

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 **RAMON ALCARAZ**

SEP 30 2014  
WILLIAMS