PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1/2000042668

1. Limited Liability Company's Name

KIVA LLC

SECULARY C. STATE
MINDS OF CORPORATIONS

19 MAY 13 AH 9: 15

700329472887 05/13/13-01051-010 **680.0

•							
2. Principal Office Address - No P O Box#	3. Mailing C	Office Address			1	CR2E041 (1/14)	
0350 W CaNTH CLUB X	2 20350	W Carry	Ruc	LUB SC	4. State/Count	ty of Formation	
Suite, Apl #, etc.	Suite, Apt, #		7_		1	, , , , , , , , , , , , , , , , , , , ,	
105	105	105			5 Date Organized or Qualified To Do Business in Florida		
City & State	City & State	City & State					
AVENTURA, FL	AVER	TUKA	, F	_	6. FEI Numbe	er .	Applied For Not Applicable
23180 Country USA	Zip	18()	Countr	, 54	7. CERTIFICATE OF	STATUS DESIRED 55.00 /	Additional Fee required ertificate of status .
8. Name and	Address of Current Re	gistered Age	nt		-		
Name ALE JANSEO	MARTIN)	-		•		
Street Address (P.O. Box Number is Not Accept 20350 W COUNT		50					
Apt. 1, Etc // 0 0							
AVENTUKA			State	33180			
9. I, being appointed the registered agent	of the above named limits	ed liability com	pany, am f	amiliar with and acc	cept the obligations	of Chapter 605, F.S.	
Signature of Registered Agent	15					Đate	
	REGISTERED AG	ENT MUST SIGN	N				
10 Names and Street Addresses of Authoriz	ed Representatives/Mana	gers					
Authorized Repres	Name of Authorized Representatives/ Managers		Street Address of Each Authorized Representative Manager			City / S	tate / Zip
Mogl ALEJANDRO	MALTIN	A035	O W		Club SC	AVENTURA	PL 33180

				·		MAY	2-3-2019
						ос	USHING
11. E-mail Address CARIB	DICBNA	NAGER	ηEι	7SERVI	ces. e	om	
12. I certify that I am an authorized repres certify that when filing this reinstatement a 605.0012, F.S., and that all fees owed by shall have the same legal effect as if made felony as provided for in s. 817 155, F.S.	entative/ manager or the pplication the reason for the limited liability compa	(To be used: receiver or tru dissolution ha any have been	for future as ustee emp as been el a paid. The	nnual report notification bowered to execute iminated, the limite information indicates	ons) this application a d liability compan ated on this applic	as provided for in Chapter 60 by name satisfies the require ation is true and accurate, a	ment of section and my signature
Signature of authorized representative/me	mber	4)		Date	D:	aytime Phone #	
Typed or printed name of signing authorize	ed representative/memb	<i>ک</i> وه					