

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

14 MAR 18 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 42000087974

1. Limited Liability Company's Name
Venetia 16A LLC

300257979263
01/30/14--01019--007 **238.75

CR2E041 (12/13)

2. Principal Office Address - No P.O. Box # 555 NE 15th St.		3. Mailing Office Address 555 NE 15 St.	
Suite, Apt. #, etc. Suite CU-22		Suite, Apt. #, etc. Suite CU-22	
City & State Miami FL		City & State Miami FL	
Zip 33132	Country US	Zip 33132	Country US

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
01/30/2012

6. FEI Number
30-0743330

Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

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

8. Name and Address of Current Registered Agent

Name
LISA DOMINIQUE

Street Address (P.O. Box Number is Not Acceptable)
555 NE 15th Street

Suite, Apt. #, Etc.
Suite CU-22

City Miami	State FL	Zip Code 33132
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E-mail Address:
300257979263
03/18/14--01021--013 **138.75

lisa@sippersbydesign.com

(To be used for future annual report notices)

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 1/10/14

REGISTERED AGENT MUST SIGN

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

Title	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
MGR	Dominuqe IENTILE	555 NE 15 St, Suite CU-22	Miami, FL 33132
MGR	YVES SABY	555 NE 15 St, Suite CU-22	Miami, FL 33132
MGR	Romain IENTILE-GARNAUD	555 NE 15 St, Suite CU-22	Miami, FL 33132

REINSTATEMENT 2013-2014

MAR 25 2014

L SELLERS

11. I certify that I am an authorized person empowered to execute this application as provided for in Chapter 605, 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 Chapter 605, 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 in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Authorized Person 

Date 1/10/14 Daytime Phone # 305-498-6657

Typed or printed name of signing Authorized Person