

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
15 DEC 30 AM 8:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L12000104452

1. Limited Liability Company's Name
ESCAPE 8055 LLC

2. Principal Office Address - No P.O. Box #
5100 N Ocean Blvd.

Suite, Apt. #, etc.
1110

City & State
Lauderdale by the Sea, FL

Zip Country
33308 USA

3. Mailing Office Address
5100 N Ocean Blvd.

Suite, Apt. #, etc.
1110

City & State
Lauderdale by the Sea, FL

Zip Country
33308 USA

CR2E041 (1/14)

4. State/Country of Formation
FL/USA

5. Date Organized or Qualified
To Do Business in Florida **08/14/2012**

6. FEI Number
46-0812740

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
Hope A. Lane

Street Address (P.O. Box Number is Not Acceptable) Suite,
5100 N Ocean Blvd

Apt. #, Etc.
1110

City State Zip Code
Lauderdale by the Sea FL 33308

800280484628
12/30/15--01004--003 **238.75

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

Hope A. Lane
REGISTERED AGENT MUST SIGN

Date **12/27/15**

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	Hope A. Lane	5100 N Ocean Blvd. Apt 1110	Lauderdale by the Sea FL 33308

REINSTATEMENT

DEC 30 2015

R. HUNT

11. E-mail Address: **hope@hopelanedesign.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 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 requirement 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 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 representative/member

Hope A. Lane
Typed or printed name of signing authorized representative/member **Hope A. Lane**

Date **12/27/15**

Daytime Phone #

9543046537