

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L12000118377

1. Limited Liability Company's Name
Coderise Global LLC

2. Principal Office Address - No P.O. Box #
11930 N BAYSHORE DR

Suite, Apt. #, etc.
1106

City & State
North Miami, FL

Zip Country
33181

3. Mailing Office Address
888 Brickell Key Drive

Suite, Apt. #, etc.
#2103

City & State
Miami, FL

Zip Country
33131

8. Name and Address of Current Registered Agent

Name
Roberto Interiano

Street Address (P.O. Box Number is Not Acceptable) Suite,
888 Brickell Key Drive

Apt. #, Etc.
#2103

City State Zip Code
Miami FL 33131

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

REGISTERED AGENT MUST SIGN

Date 02/22/2021

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	Roberto Interiano	888 Brickell Key Drive, #2103	Miami, FL 33131
AR	Hernando Barreto	11930 N Bayshore Dr, #1106	North Miami, FL 33181
AR	Andres Barreto	11930 N Bayshore Dr, #1106	North Miami, FL 33181

11. E-mail Address robinteriano@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 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.

02/22/2021

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500362038885
03/15/21--01036--005 **303.75

500362038885
06/15/21--01019--005 **515.00
CR2E041 (1/14)

4. State/Country of Formation
Florida / USA

5. Date Organized or Qualified
To Do Business in Florida 09/17/2012

6. FEI Number
46-0989562

Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ \$5.00 Additional Fee required for a certificate of status

R. WHITE
JUN 18 2021