

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

16 JAN 20 PM 2:56

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L13000026754**

1. Limited Liability Company's Name

814 PROPERTY HOLDINGS LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #

2200 Biscayne Blvd

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33137

Country

USA

3. Mailing Office Address

2200 Biscayne Blvd

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33137

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified  
To Do Business in Florida

02/20/2013

6. FEI Number

46 - 2319841

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

Dayami Aguiar

Street Address (P.O. Box Number is Not Acceptable) Suite,

2200 Biscayne Blvd.

Apt. #, Etc.

City

Miami

State

FL

Zip Code

33137

700281217407  
01/20/16--01028--025 \*\*516.75

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

*Dayami Aguiar*

REGISTERED AGENT MUST SIGN

Date 01/19/2016

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	Russell W. Galbut	2200 Biscayne Blvd	Miami, Florida 33137
Mgr	Dayami Aguiar	2200 Biscayne Blvd	Miami, Florida 33137
P, T	Russell W. Galbut	2200 Biscayne Blvd	Miami, Florida 33137
VP, S	Dayami Aguiar	2200 Biscayne Blvd	Miami, Florida 33137

11. E-mail Address: daguiar@crescentheights.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

*Dayami Aguiar*

Date 01/19/2016

Daytime Phone #

305-374-5700x7250

Typed or printed name of signing authorized representative/member

Dayami Aguiar, Manager

Ag 1/21/16