

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L13000045657

1. Limited Liability Company's Name

FXE Property Management LLC

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

2848 NE 38th Street

Suite, Apt. #, etc.

City & State

Ft lauderdale, FL

Zip

Country

33308

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

03/26/2013

6. FEI Number

46-2189254

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

Anthony PioCosta III

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

2848 NE 38th Street

Apt. #, Etc.

City

Ft Lauderdale

State

FL

Zip Code

33308

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

2/16/16

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	Anthony PioCosta III	2848 NE 38th Street	Ft Lauderdale, FL 33308

REINSTATEMENT

2015-2016

11. E-mail Address: **rich@bocaaccounting.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

Date

2/16/16

Daytime Phone #

Typed or printed name of signing authorized representative/member