PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

14 OCT 17 AM 10:56

000265563810

CR2E041 (1/14)

DOCUMENT # L13000065217

1. Limited Liability Company's Name
CORBELY, LLC

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 5900 Collins Ave | 5900 Collins Ave |
| Suite, Apt. #, etc. Apt 1608 | Suite, Apt. #, etc. Apt 1608 |
| City & State Miami Beach, FL | City & State Miami Beach, FL |
| Zip 33140 / Country US | Zip 33140 / Country US |

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida
05/03/2013

6. FEI Number ☐ 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
CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET

Suite, Apt. #, Etc.

| City | State | Zip Code |
|---|---|---|
| TALLAHASSEE | FL | 32301 |

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 _____ Courtney Williams Asst. Vice President Date 10.16.14

REGISTERED AGENT MUST SIGN

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 |
|---|---|---|---|
| AMBR | Cesar B Tavares | 5900 Collins Ave, Apt 1608 | Miami Beach, FL 33140 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

OCT 17 2014
M. WILLIAMS

11. E-mail Address: _____
(To be used for future annual report notifications)

12. I cer[illegible] authorized to execute this application as provided for in Chapter 608, F.S. I further certify that when fili[illegible] my name satisfies the requirements of section 605.0012, F.S., and that all f[illegible] true and accurate, and my signature shall have the same legal effect as if ma[illegible] degree felony as provided in s. 817.155, F.S.

Signature of a member or authorized representative of a meml

Signatu[illegible] Daytime Phone # _____

Author[illegible]

Cesar B Tavares

Typed or printed name of signing Authorized Representative/Manager Cesar B Tavares

file first
* do not separate please *

CSC.

CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 334834 7937396

AUTHORIZATION : Lynell Coleman

COST LIMIT : $ 298.75

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ORDER DATE : October 13, 2014

ORDER TIME : 4:47 PM

ORDER NO. : 334834-015

CUSTOMER NO: 7937396

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DOMESTIC FILINGS

NAME: CORBELY, LLC

RECEIVED
DEPARTMENT OF STATE
14 OCT 17 AM 10:48

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935

EXAMINER'S INITIALS _____