PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

FILED
16 MAY 9 AM 10: 25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L 13000070027

1. Limited Liability Company's Name
MIRYAM CARRILLO DESIGN, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
20 SIDONIA AVENUE	20 SIDONIA AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
# 1	# 1
City & State	City & State
CORAL GABLES, FLORIDA	CORAL GABLES, FLORIDA
Zip / Country	Zip / Country
33134 / U.S.A	33134 / U.S.A

CR2E041 (1/14)

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida 5/13/2013

6. FEI Number 61-1712419 ☐ 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
SAUL. B LIPSON

Street Address (P.O. Box Number is Not Acceptable) Suite,
1515 N. UNIVERSITY DRIVE, SUITE 222

Apt. #, Etc.

City: CORAL SPRINGS | State: FL | Zip Code: 33071

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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 _____ Date 5/4/16
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
MGRM	MIRYAM CARRILLO	20 SIDONIA AVE, #1	CORAL GABLES, FL 33134
MGRM	MARIA EUGENIA CARRILLO	20 SIDONIA AVE, # 1	CORAL GABLES, FL 33134
	REINSTATEMENT	MAY 9 2016	
		R. HUNT	

11. E-mail Address: CARRILLOINTERIORDESIGN@OUTLOOK.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 5/04/16 Daytime Phone # 305-992-1735

Typed or printed name of signing authorized representative/member _____