

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L14000016318

1. Limited Liability Company's Name

Athenare, LLC

500435560965  
08/26/24--01014--009 \*\*1512.90

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

201 Alhambra Circle

Suite, Apt. #, etc

503

City & State

Coral Gables, FL

Zip

33134

Country

USA

3. Mailing Office Address

7901 SW 134 Street

Suite, Apt. #, etc

City & State

Miami, FL

Zip

33156

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

1/29/2014

6. FEI Number

46-4947481

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

Brian C. Perlin

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

201 Alhambra Circle

Apt. #, Etc

503

City

Coral Gables

State

FL

Zip Code

33134

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605.

Signature of  
Registered Agent

Date

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
MGR	Michael Shelton	7901 SW 134 Street	Miami, FL 33156
MGR	Arthur Fox	2252 Arland Road	Jacksonville, FL 32225

11. E-mail Address: brian@perlinestateplanning.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 08/22/2024 Daytime Phone # (305) 291-2593

Typed or printed name of signing authorized representative/member Michael Shelton

FILED  
2024 AUG 28 AM 11:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA