

Florida Department of State
Division of Corporations
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To: Division of Corporations
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From: Account Name : C T CORPORATION SYSTEM
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**LIMITED LIABILITY REINSTATEMENT
CHANTY LAUREN, LLC**

Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$243.75

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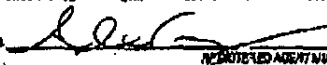

Corporate Filing Menu

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L14000087414 1. Limited Liability Company Name CHANTY LAUREN, LLC			
2. Principal Office Address - No P.O. Box 15600 NW 15th Avenue		3. Mailing Office Address 15600 NW 15th Avenue	
Suite, Apt. & etc. Suite C		Suite, Apt. & etc. Suite C	
City & State Miami, FL		City & State Miami, FL 33169	
Zip 33169	Country USA	Zip 33169	Country USA
4. State/Country of Formation Florida			
5. Date Organized or Organized To Do Business in Florida 4/24/2014			
6. FFI Number 47-2860688		Applied For <input type="checkbox"/> Not Applicable	
7. CORPORATE OF STATUTORY <input checked="" type="checkbox"/>			
8. Name and Address of Current Registered Agent Name NRAI Services, Inc. Street Address (P.O. Box Number is Not Acceptable) Apt. 1200 South Pine Island Road Apt. N/A City Plantation			
9. I have appointed the registered agent of the above named limited liability company, in further with and except the obligations of Chapter 605, F.S. Signature of Registered Agent  Angel Nunez Date 11/23/15 REGISTERED AGENT NUMBER Assistant Secretary			
10. Name and Street Address of Authorized Representative/Managers			
Title MGR	Name of Authorized Representative/Manager Alfredo Salas	Street Address of Each Authorized Representative/Manager 15600 NW 15th Avenue - Ste C	City/State/Zip Miami, FL 33169
11. E-mail Address: asalas@teamkri.com			
12. I certify that I am an authorized representative/manager of the receiver of business reorganized to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for the receiver has been satisfied, the limited liability company name satisfies the requirement of section 605.012, F.S., and that all fees owed by the limited liability company have been paid. This information if stated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am waiving all the information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 317.155, F.S. Signature of authorized representative/manager  Date _____ Florida Phone # (305) 430-1200 Typed or printed name of signed authorized representative/manager Alfredo Salas, Manager			

REINSTATEMENT

2015

