PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FOI

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2018 DEC 17 PM 2:31
TALLAHASSEE, FLORIDA

DOCUMENT # L14000164351

1. Limited Liability Company's Name
Domus Meridian, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
2485 Meridian Avenue		100 N. Biscayne Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 2106	
City & State Miami Beach		City & State Miami	
Zip 33140	Country USA	Zip 33132	Country USA

CR2E041 (1/14)

4. State/Country of Formation
Florida/USA

5. Date Organized or Qualified To Do Business in Florida 10/21/2014

6. FEI Number ☐ Applied For ☑ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a certificate of Status

400322175294

8. Name and Address of Current Registered Agent

Name
Allegiant Title, LLC

Street Address (P.O. Box Number is Not Acceptable) Suite
100 N Biscayne Blvd.

Apt. #, Etc.
Suite 2106

City	State	Zip Code
Miami	FL	33132

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 12/14/2018
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	Anca Christache	2485 Meridian Avenue	Miami Beach/FL/33140
MGR	Masimo Melchiorre	5151 Collins Avenue Unit 1526	Miami Beach/FL/33140

11. E-mail Address: mv@gosuntrust.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 12/14/2018 Daytime Phone # 305-672-1222

Typed or printed name of signing authorized representative/member Anca Cristache