

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

**16 JUN -1 AM 8:25**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L14000179746**

1. Limited Liability Company's Name

AXIS NIGHTLIFE, LLC  
7000 W. PALMETTO PK RD  
SUITE 102  
BOCA RATON, FL 33433

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

7000 W. PALMETTO PK RD

Suite, Apt. #, etc.

SUITE 102

City & State

BOCA RATON, FL

Zip

33433

Country

USA

3. Mailing Office Address

7000 W. PALMETTO PK RD

Suite, Apt. #, etc.

SUITE 102

City & State

BOCA RATON, FL

Zip

33433

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

11/20/2014

6. FEI Number

47-2366828

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

Adam Steinberg

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

2331 NE 98 St.

Apt. #, Etc.

City

Lighthouse Point

State

FL

Zip Code

33065

S00286418449  
06/01/16--01021--003 \*\*238.75

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

5-27-16

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
MGR	JOSEPHINE STEINBERG	4232 VISTA PANORAMA WAY, #215	OCEANSIDE, CA 92057

11. E-mail Address: conventionink@gmail.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

5-27-16

Daytime Phone #

954-444-3914

Typed or printed name of signing authorized representative/member

JOSEPHINE STEINBERG