

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2018 FEB 26 PM 12 21

SECRETARY OF STATE
112 S. MONROE ST., 12TH FLOOR
100309724171

DOCUMENT # L15000012676

1. Limited Liability Company's Name

FLUVIP LLC

CR2E041 (1/14)

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

101 Brickell Avenue

Suite, Apt. #, etc.

South Tower 8th Floor

City & State

Miami, Florida

Zip

33131

Country

United States

3. Mailing Office Address

101 Brickell Avenue

Suite, Apt. #, etc.

South Tower 8th Floor

City & State

Miami, Florida

Zip

33131

Country

United States

4. State/Country of Formation

Florida, United States

5. Date Organized or Qualified
To Do Business in Florida

January 23, 2015

6. FEI Number

47-3122402

☐ 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

Sebastián Jasminoy

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

101 Brickell Avenue

Suite, Apt. #, Etc.

South Tower 8th Floor

City

Miami

State

FL

Zip Code

33131

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 February 23, 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
Pres	Sebastián Jasminoy	1101 Brickell Ave., South Tower 8th Floor	Miami, Florida 33131
VP	Victor Kong	121 Alhambra Plaza, Suite 1400	Coral Gables, Florida 33134

FEB 26 2018

R. HUNT

11. E-mail Address: sebastian@fluvip.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 608, 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 requirements 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Date 2/23/2018

Daytime Phone # (786) 209-7544

Typed or printed name of signing Authorized Representative/Manager Sebastián Jasminoy

CT Corp.

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 2/26/18

Acc#I20160000072



Name:	FLUVIP
Document #:	
Order #:	10854959

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
	<input type="checkbox"/>			
Apostille/Notarial Certification:	<input type="checkbox"/>		Country of Destination:	
			Number of Certs:	

Filing:	<input checked="" type="radio"/> Certified:
	<input type="radio"/> Plain:
	<input checked="" type="radio"/> COGS:

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ \$551.25

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TALLAHASSEE, FLORIDA
18 FEB 26 AM 11:00

FEB 26 2018

R. HUNT

Thank you!