

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L15000046924

1. Limited Liability Company's Name

APPELL RENTAL PROPERTIES, LLC
47-3446712

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

10131 SW 118th Court

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33186

Country

DADE

3. Mailing Office Address

10131 SW 118th Court

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33186

Country

DADE

8. Name and Address of Current Registered Agent

Name

Jeffrey S. Appell

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

10131 SW 118th Court

Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33186

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

Jeffrey S. Appell
REGISTERED AGENT MUST SIGN

Date

10/11/16

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
Ambr	Jeffrey S. Appell	10131 SW 118th Court	MIAMI, FL 33186
Ambr	Arnie Appell	10131 SW 118th Court	MIAMI, FL 33186

REINSTATEMENT

OCT 14 2016

R. HUNT

11. E-mail Address:

(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

Jeffrey S. Appell

Date

10/11/16

Daytime Phone #

305-978-8229

Typed or printed name of signing authorized representative/member

FILED

2016 OCT 14 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

3/18/2015

6. FEI Number

42-3446712

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status

300291258763
10/14/16--01028--016 **238.75