

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 45000056247

1. Limited Liability Company's Name

CASANOVA One Company LLC.

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

1409 SW 152 PLACE

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33194

Country

Dade

3. Mailing Office Address

1409 SW 152 PLACE

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33194

Country

Dade

8. Name and Address of Current Registered Agent

Name

Gilberto Casanova

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

1409 SW 152 PLACE

Apt. #, Etc.

City

Miami

State

FL

Zip Code

33194

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

REGISTERED AGENT MUST SIGN

Date 10/10/2016

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
MEM	<u>Gilberto Casanova</u>	<u>1409 SW 152 PLACE</u>	<u>Miami, FL 33194</u>
AMBR	<u>Janett Garcia</u>	<u>1409 SW 152 PLACE</u>	<u>Miami, FL 33194</u>

**REINSTATEMENT**

2016

**S. HAWKES**

**OCT 18 AM**

**EXAMINER**

11. E-mail Address: gcarbiz1016@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

10/10/2016

Daytime Phone #

790 451 5651

Typed or printed name of signing authorized representative/member

Gilberto Casanova

FILED

16 OCT 17 PM 12:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified  
To Do Business in Florida

03/30/2015

6. FEI Number

47-3373041

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

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