

7/2/2019

**L15000177859**

Division of Corporations  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6384

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA00000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LIMITED LIABILITY REINSTATEMENT  
17201 BISCAYNE BOULEVARD UNIT 1503 LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$238.75

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
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<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>				<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # L15000177859</b>					
1. Limited Liability Company's Name 17201 Biscayne Boulevard Unit 1503 LLC					
2. Principal Office Address - No P.O. Box # 17201 Biscayne Blvd		3. Mailing Office Address 17201 Biscayne Blvd		4. State/Country of Formation Florida	
Suite, Apt. #, etc. Unit #1503		Suite, Apt. #, etc. Unit #1503		5. Date Organized or Qualified To Do Business in Florida 10/20/2013	
City & State North Miami Beach, Florida		City & State North Miami Beach, Florida		6. FEI Number 47-5356496	
Zip 33162	Country USA	Zip 33162	Country USA	7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent					
Name CT Corporation System					
Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road					
Suite, Apt. #, Etc. Suite 250					
City Plantation		State FL	Zip Code 33324		
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 805, F.S.					
Signature of Registered Agent 		Kimberly Laughrey - Asst. Sec.		Date 7/2/19	
REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Authorized Representatives/Managers					
Titles	Name of Authorized Representative/Managers	Street Address of Each Authorized Representative/Manager		City / State / Zip	
MRS	Rosa Maria Neme	17201 Biscayne Blvd., Unit 1503		North Miami Beach, FL 33160	
JUL-03-2019 					
11. E-mail Address <u>rosaneme@uol.com.br</u> (To be used for future annual report notifications)					
12. I certify that I am an authorized representative/manager of the receiver of trustees 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 505.0012, 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 <u>6-26-19</u>		Daytime Phone # <u>5511991574595</u>	
Typed or printed name of signing Authorized Representative/Manager <u>Rosa Maria Neme</u>					