PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

FILED

2022 NOV 17 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FL

400397855614
11/17/22--01002--005 **332.50

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L15000204061

1. Limited Liability Company's Name
GIFT SHOP MIAMI LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
444 BRICKELL AVE		444 BRICKELL AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
P-60		P-60	
City & State		City & State	
MIAMI , FLORIDA		MIAMI , FLORIDA	
Zip	Country	Zip	Country
33131	MIAMI-DADE	33131	MIAMI-DADE

CR2E041 (1/14)

4. State/Country of Formation
FLORIDA, UNITED STATES

5. Date Organized or Qualified To Do Business in Florida 12/07/2015

6. FEI Number
92-0252561
☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑ **$5.00 Additional Fee required for a certificate of status**

400397855614
11/17/22--01002--006 **5.00

8. Name and Address of Current Registered Agent

Name
MARTORELL'S OFFICE GROUP CORP

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

Apt. #, Etc.
SUITE P60

City	State	Zip Code
MIAMI	FL	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 Martorell Leo Date 9/14/2022

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	JIMENEZ, WILLIAM W	444 BRICKELL AVE SUITE P-60	MIAMI, FLORIDA 33131
MGR	AREVALO, BEATRIZ	444 BRICKELL AVE SUITE P-60	MIAMI, FLORIDA 33131
		Reinstatement	11-22

11. E-mail Address: DOR@MARTORELLOFFICE.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 9/14/2022 Daytime Phone # 7865867927

Typed or printed name of signing authorized representative/member JIMENEZ, WILLIAM W