PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2018 SEP 13 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FL

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09/13/18--01024--005 **125.00

CR2E041 (1/14)

DOCUMENT # L16000072699

1. Limited Liability Company's Name
ARISTOCRATA 502 LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
15901 COLLINS AVE	15901 COLLINS AVE
Suite, Apt. #, etc 504	Suite, Apt. #, etc 504
City & State SUNNY ISLES BEACH, FL	City & State SUNNY ISLES BEACH, FL
Zip / Country 33160 / USA	Zip / Country 33160 / USA

4. State/Country of Formation
FLORIDA / UNITED STATES

5. Date Organized or Qualified To Do Business in Florida 04/07/2016

6. FEI Number
36-4836902
☐ 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
MAURO G. SCATTOLINI, CPA.

Street Address (P.O. Box Number is Not Acceptable) Suite
175 SW 7TH ST

Apt. #, Etc
#2110

City / State / Zip Code
MIAMI / FL / 33130

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 08/15/2018

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
MGR	JIMENEZ, IVAN	15901 COLLINS AVE. #504	SUNNY ISLES BEACH, FL 33160
MGR	RUIZ, DALIA	15901 COLLINS AVE, #504	SUNNY ISLES BEACH, FL 33160
MGR	JIMENEZ, ILIANA	15901 COLLINS AVE, #504	SUNNY ISLES BEACH, FL 33160
MGR	JIMENEZ, IVANNA	15901 COLLINS AVE, #504	SUNNY ISLES BEACH, FL 33160

11. E-mail Address MAURO@CANDMCPA.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 08/17/18 Daytime Phone # 305-517-3791

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