

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

17 AUG -8 PM 3:16

DOCUMENT # L16000112567

Limited Liability Company's Name

WINWOOD SHOWCASE, LLC

Principal Office Address - No P.O. Box #

57 OCEAN AVE

Suite, Apt. #, etc.

City & State

BROOKLYN, NY

Country

US

3. Mailing Office Address

2057 OCEAN AVE

Suite, Apt. #, etc.

City & State

BROOKLYN, NY

Zip

11230

Country

US

CR2E041 (1/14)

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

☒ 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

Red F. Andreu, P.A.

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

100 SW 97 Avenue

Apt. #, Etc.

Suite 201

City

Miami

State

FL

Zip Code

33173

600302805486
06/08/17--01024--007 **238.75

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 8/1/17

Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representative/ Manager	Street Address of Each Authorized Representative/ Manager	City / State / Zip
IGR	Philip Knoll	2057 OCEAN AVE.	BROOKLYN, NY 11230

T HENDERSON

AUG 09 2017

1. E-mail Address: alfred@andreu-law.com / psknoll@gmail.com

(To be used for future annual report notifications)

2. 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 05.0012, 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 8/1/17

Daytime Phone #

914-211-4862

Typed or printed name of signing authorized representative/member

Philip Knoll

(305) 903-8314