FILED

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SECRETARY OF STATE
TALLAHASSEE, FL

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

900362532103
03/22/21--01043--016 **521.25

DOCUMENT # L17000032344

1. Limited Liability Company's Name
LAMAX GUEST LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
13499 BISCAYNE BOULEVARD	13499 BISCAYNE BOULEVARD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
STE TS-1	STE TS-1
City & State	City & State
NORTH MIAMI, FL	NORTH MIAMI, FL
Zip / Country	Zip / Country
33181 / US	33181 / US

CR2E041 (1/14)

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business In Florida 02/09/2017

6. FEI Number
81-5458908
☐ 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
BUSINESS ASSISTANCE INC.

Street Address (P.O. Box Number is Not Acceptable) Suite,
13499 BISCAYNE BOULEVARD

Apt. #, Etc.
STE TS-1

City: NORTH MIAMI | State: FL | Zip Code: 33181

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 03/16/2021
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	GUERRA ANNIBALE	13499 BISCAYNE BLVD STE TS-1	NORTH MIAMI, FL 33181
AMBR	GUERRA MARIO	13499 BISCAYNE BLVD STE TS-1	NORTH MIAMI, FL 33181
AMBR	STATERINI PASQUALINA	13499 BISCAYNE BLVD STE TS-1	NORTH MIAMI, FL 33181
			19.21
			dcc

11. E-mail Address: thebusinessassistance@gmail.com 5/21
(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 _____ Daytime Phone # 305-362-1242

Typed or printed name of signing authorized representative/member ANNIBALE GUERRA, MGR