

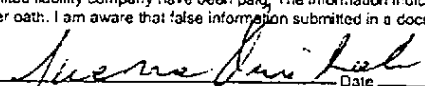
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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SECRETARY OF STATE
TALLAHASSEE, FL

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

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		CR2E041 (1/14)	
DOCUMENT # L17000032344 1. Limited Liability Company's Name LAMAX GUEST LLC					
2. Principal Office Address - No P.O. Box # 13499 BISCAYNE BOULEVARD Suite, Apt. #, etc. STE TS-1 City & State NORTH MIAMI, FL Zip Country 33181 US		3. Mailing Office Address 13499 BISCAYNE BOULEVARD Suite Apt. #, etc. STE TS-1 City & State NORTH MIAMI, FL Zip Country 33181 US		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 State Zip Code NORTH MIAMI FL 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		
			dec		
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 305-342-1242 Typed or printed name of signing authorized representative/member ANNIBALE GUERRA, MGR					