PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATIONS

2023 MAR -8 PM 12:40

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L17000153830

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03/08/23--01025--001 **1007.50

CR2E041 (1/14)

1. Limited Liability Company's Name
BE HAPPY 1616, LLC

| 2. Principal Office Address - No P.O. Box # | | 3. Mailing Office Address | |
|---|---|---|---|
| 520 Brickell Key Drive | | 520 Brickell Key Drive | |
| Suite, Apt. #, etc. Unit #1616 | | Suite, Apt. #, etc. Unit #1616 | |
| City & State Miami, Florida | | City & State Miami, Florida | |
| Zip 33131 | Country USA | Zip 33131 | Country USA |

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 07/18/2017

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: Carlos M. Machado, P.A.

Street Address (P.O. Box Number is Not Acceptable) Suite,: 1200 Brickell Avenue

Apt. #, Etc.: Suite 950

| 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 _____ Date 3/3/23
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 | Jose F Carrion | 520 Brickell Key Dr #1616 | Miami, Florida 33131 |
| MGR | Anna S Macchiavello | 520 Brickell Key Dr #1616 | Miami, Florida 33131 |
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| | | | |

REINSTATEMENT

R. HUNT
03/08/23

11. E-mail Address: cmachado@smgqlaw.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 3/3/23 Daytime Phone # (305) 377-1000

Typed or printed name of signing authorized representative/member _____