


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

|   |   |   |                        |  |  |
|---|---|---|------------------------|--|--|
| <b>LIMITED LIABILITY<br/>COMPANY<br/>REINSTATEMENT</b>  |   |  |                        | FLORIDA DEPARTMENT OF STATE<br>Secretary of State<br>DIVISION OF CORPORATIONS  |  |
| <b>DOCUMENT #</b> L19000008397  |   |   |                        |  |  |
| 1. Limited Liability Company's Name<br>ILLUMINATI, L.L.C.   |   |   |                        |  |  |
| 2. Principal Office Address - No P.O. Box #<br>9150 NW 33rd AVE RD.   |   | 3. Mailing Office Address<br>9150 NW 33rd AVE RD.                                 |                        | <div style="text-align: right;">FILED<br/>2024 JUN 23 PM 4:21<br/>SECRETARY OF STATE<br/>700422446767<br/>01/23/24--01002--003 **793.75</div> <div style="text-align: left;">CR2E041 (1/14)</div>  |  |
| Suite Apt #, etc  |   | Suite Apt #, etc  |                        |  |  |
| City & State<br>MIAMI, FL   |   | City & State<br>MIAMI, FL   |                        |  |  |
| Zip<br>33147-2814   | Country   | Zip<br>33147-2814   | Country                |  |  |
| 8. Name and Address of Current Registered Agent   |   |   |                        |  |  |
| Name<br>JOSE MANUEL CRUZ  |   |   |                        | <div style="text-align: right;">4. State/Country of Formation<br/>FLORIDA</div> <div style="text-align: left;">5. Date Organized or Qualified<br/>To Do Business in Florida 01/11/2019</div> <div style="text-align: right;">6. FEI Number<br/>99-0786015</div> <div style="text-align: right;">Applied For<br/><input type="checkbox"/> Not Applicable</div> <div style="text-align: right;">7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required<br/>for a certificate of status</div> |  |
| Street Address (P.O. Box Number is Not Acceptable) Suite.<br>9150 NW 33rd AVE RD.   |   |   |                        |  |  |
| Apt #, Etc  |   |   |                        |  |  |
| City<br>MIAMI   |   | State<br>FL   | Zip Code<br>33147-2814 |  |  |
| 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 <u>/s/ Jose Manuel Cruz</u>   |   |   |                        | Date _____   |  |
| REGISTERED AGENT MUST SIGN  |   |   |                        |  |  |
| 10. Names and Street Addresses of Authorized Representatives/Managers   |   |   |                        |  |  |
| Titles  | Name of Authorized Representatives/<br>Managers | Street Address of Each Authorized Representative/<br>Manager                      |                        | City / State / Zip   |  |
| P   | JOSE MANUEL CRUZ                                | 9150 NW 33rd AVE RD.  |                        | MIAMI, FL 33147-2814   |  |
|   |   |   |                        |  |  |
|   |   |   |                        |  |  |
|   |   |   |                        |  |  |
|   |   |   |                        |  |  |
| 11. E-mail Address: _____   |   |   |                        |  |  |
| (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 <u>/s/ Jose Manuel Cruz</u> Date _____ Daytime Phone # _____  |   |   |                        |  |  |
| Typed or printed name of signing authorized representative/member JOSE MANUEL CRUZ  |   |   |                        |  |  |