PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2021 SEP 22 PM 12:07

DOCUMENT # L20000341553

1. Limited Liability Company's Name
MONTAGUT REALTY GROUP LLC

300372333083
09/22/21--01003--001 **25.00
300372333083
08/25/21--01011--005 **100.00

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
380 SW 4th Street		380 SW 4th Street	
Suite, Apt. #, etc		Suite, Apt. #, etc	
Apt. 13		Apt. 13	
City & State		City & State	
Miami, Fl.		Miami, Fl.	
Zip	Country	Zip	Country
33130	USA	33130	USA

4. State/Country of Formation
Florida/United States

5. Date Organized or Qualified To Do Business in Florida 10/27/2020

6. FEI Number
85-3851185
☐ 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
Sebastian Caicedo Montagut

Street Address (P.O. Box Number is Not Acceptable) Suite
380 SW 4th Street

Apt. #, Etc
13

City	State	Zip Code
Miami	FL	33130

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 Sebastian Caicedo Montagut Date 8/19/2021
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	Sebastian Caicedo Montagut	380 SW 4th Street Apt. 13	Miami, Fl. 33130
	REINSTATEMENT		SEP 22 2021
			K. HUNT

11. E-mail Address: montagutrealty@gmail.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 Sebastian Caicedo Montagut Date 8/19/2021 Daytime Phone # 954-639-6385

Typed or printed name of signing authorized representative/member Sebastian Caicedo Montagut