

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2023 MAY -5 PM 1:20

SECRET
TAT

DOCUMENT # L22000154551

1. Limited Liability Company's Name

AFRO Caribbean lounge, LLC

FILING CANCELLED - RETURNED CHECK

2. Principal Office Address - No P.O. Box #

1517 E las Olas Blvd

Suite Apt #, etc

City & State

Fort Lauderdale FL

Zip

33301

Country

USA

3. Mailing Office Address

2412 Funston St

Suite Apt #, etc

City & State

Hollywood FL

Zip

33301

Country

USA

CR2EC41 (1/14)

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

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

Daly Bay Hippolite

Street Address (P.O. Box Number is Not Acceptable) Suite

1517 E las Olas Blvd

Apt #, Etc

City

Fort Lauderdale

State

FL

Zip Code

33301

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

REGISTERED AGENT MUST SIGN

Date 04/28/2023

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

CEO

Daly Bay Hippolite

2412 Funston St

Hollywood FL 33320

W. LAWRENCE

MAY 08 2023

11. E-mail Address AFRO Caribbean lounge@gmail.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager of 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 04/28/23 Daytime Phone # 323 799 8423