L93000000194

APPLICATION FOR REINSTATEMENT FOR LIMITED LIABILITY COMPANY

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAY 11 AM 9:00

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # L93000000194
PENGUIN L.C., c/o BAUR + Associates
100 N. BISCAYNE BLVD., 21st Floor
MIAMI, FLA 33132

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a

1a. Principal Place of Business Address
100 N. Biscayne Blvd.
21st Floor
Miami, FL 33132

2. Principal Place of Business
100 N. BISCAYNE
Suite, Apt. #, etc.
21st FLOOR
City & State
MIAMI, FLA
Zip
33132
Country

2a. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

3. Date Organized or Qualified
06/17/1993

3a. State of Formation
Florida

4. FEI Number
65-0420577

☐ Applied For
☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired
[redacted] ☐

7. Name and Address of Current Registered Agent
Baur, Thomas
100 N. Biscayne Blvd.
21st Floor
Miami, FL 33132

8. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City
FL
Zip Code
[illegible]

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent _____ Date 4/20/99

REGISTERED AGENT SIGNATURE

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
M	KRAETZ, Josef	100 N. Biscayne Blvd. 21st Fl	Miami, FL 33132
M	NAPIER, Philip J	100 N. Biscayne Blvd. 21st FL	Miami, FL 33132

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REINSTATEMENT 1998 1999

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 requirements of section 608.406, 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.

Signature of Managing Member/Manager _____ Date April 19, 99 Daytime Phone # (305)377-3561

Typed or printed name of signing Managing Member/Manager