

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 NOV 14 AM 11:05

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DOCUMENT # **L95000000650**

1. Limited Liability Company's Name

FREITAS-REVILLA GALLERY OF CORAL GABLES, L.C.

2. Principal Office Address

3200 PONCE DE LEON BLVD.

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL.

Zip

33134

Country

USA

3. Mailing Office Address

3200 Ponce de Leon Blvd.

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

USA

5. Date Organized or Qualified
To Do Business in Florida

8/21/1995

6. FEI Number

65-0616260

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

DAVID C. TASSELL, ESQ.

000003478960-2

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

725 NO. A1A

11/28/00 01038 009

*******50.00 *****50.00**

Suite, Apt. #, Etc.

STE. C-109

City

JUPITER

State

FL

Zip Code

33477

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

REGISTERED AGENT MUST SIGN

Date

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	NAIR REVILLA	3200 PONCE DE LEON BLVD.	CORAL GABLES, FL. 33134

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

Nair Revilla

Date

Oct 13/2000

Daytime Phone #

305 569-0666

Typed or printed name of signing Managing Member/Manager

CR2E041 (9/99)