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TO: DIVISION OF CORPORATIONS

FAX #: (850)922-4000

FROM: FAS-T CORP. AGENTS, INC.
CONTACT: LIDIA FERNANDEZ
PHONE: (305)599-0839

ACCT#: 071001002335

FAX #: (305)716-0346

NAME: SOUTHERN CROSS MARINAS L.C.

AUDIT NUMBER.....H98000009138

DOC TYPE.....LIMITED LIABILITY REINSTATEMENT

CERT. OF STATUS..0

PAGES..... 1

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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

May 15, 1998

SOUTHERN CROSS MARINAS L.C.
3191 CORAL WAY
THIRD FLOOR
MIAMI, FL 33145

SUBJECT: SOUTHERN CROSS MARINAS L.C.
REF: L96000000913

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The form you submitted is for corporations not limited liability company. Please resubmit with the proper form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6025.

Cathy A Mitchell
Corporate Specialist

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT FOR LIMITED LIABILITY COMPANY		FLORIDA DEPARTMENT OF STATE Sandra S. Bartholomew Secretary of State DIVISION OF CORPORATIONS	
Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # Southern Cross MARINAS, L.C. c/o Carlos A. LACASA, Esq. 701 BRICKELL AVE. #1800 MIAMI - FL - 33131		1a. Principal Place of Business Address Same	
2. Principal Place of Business c/o Carlos LACASA, Esq. Suite, Apt. #, etc. MIAMI (#1800) City & State FL 33131		3. Date Organized or Chartered 8-28-96 3a. State of Formation FLORIDA 4. FEI Number 5114198 APPLICATION FILED ☒ Applied For ☐ Not Applicable 5. Date of Last Report / / 6. Certificate of Status Desired ☐ Certificate of Status Desired	
7. Name and Address of Current Registered Agent CARLOS A. LACASA, Esq. 3191 CORAL WAY, 3RD FLOOR MIAMI - FL 33145		8. Name and Address of New Registered Agent Name CARLOS A. LACASA, Esq. Street Address (P.O. Box Number is not acceptable) 701 BRICKELL AVE. Suite, Apt. #, etc. #1800 City MIAMI State FL Zip Code 33131	
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 600, F.S.			
Signature of Registered Agent _____ Date _____			
10. Title	Managing Member/Managers	Business Street Address	City, State & Zip Code
MGRM	ROBERT CHRISTOPH	300 ALTON ROAD. # 303	MIAMI BEACH - FL 33139
MGRM	CARLOS A. LACASA	701 BRICKELL AVE. #1800	MIAMI - FL 33131
MGRM	JULIO REBULL	8982 S.W. 8 TERR.	MIAMI - FL 33174
11. I certify that I am managing member/manager of the above named limited liability company to execute this application as provided for in Chapter 600, 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 805.406, 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 5/15/98 Daytime Phone # 35-289-2711	
Typed or printed name of signing Managing Member/Manager CARLOS A. LACASA - SEC.			

CR2ED41 12/97

Prepared by: Carlos Lacasa
E98000009138701 Brickell Ave. #1800 Miami, FL 33131
(305) 789-2711