

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE  
L98000000270

FILED

02 DEC -6 AM 11:41

1. DOCUMENT # L98000000270

Name and Mailing Address

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200009405002

12/06/02--01094--012 \*\*155.00

0002059 01 FP 0.352 \*\*PRSR T7 0 0615 33140-400800

CLARIDGE MANAGEMENT LC

3500 COLLINS AVE.

MIAMI BEACH FL 33140-4008



2. New Mailing Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

03/02/1998

Principal Place of Business

3500 COLLINS AVE.  
MIAMI BEACH FL 33140

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

65-0816254

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

MARTINEZ-CID, RICARDO  
1699 CORAL WAY, SUITE 510  
MIAMI FL 33145

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	INTERVENTO INVESTMENTS LTD.	HODGE PLAZA 2ND FL UPPER MAIN STREET	TORTOLA, B.V.I.
MGRM	STARCOVE LIMITED	HODGE PLAZA 2ND FL UPPER MAIN STREET	TORTOLA, B.V.I.
MGR	DURANT, RAUL	3500 COLLINS AVENUE	MIAMI BEACH FL 33140
PS	SABIDO, MANUEL	3500 COLLINS AVENUE	MIAMI BEACH FL 33140
T	REQUERO, MARIA TERESA	3500 COLLINS AVENUE	MIAMI BEACH FL 33140
D	Durant, Raul c.	3500 Collins Ave.	M. Beach FL 33140

12. 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

12/02/02

Daytime Phone #

305-604-8485

Typed or printed name of signing Managing Member/Manager