

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 FEB 19 PM 3:54

DOCUMENT # **L98-416**

1. Limited Liability Company's Name

Cxtalix Square, LC

800005051208--8
-03/06/02--01076--019
*****50.00 *****50.00

2. Principal Office Address

2423 Alhambra Cir

Suite, Apt. #, etc.

3. Mailing Office Address

2423 Alhambra Cir

Suite, Apt. #, etc.

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33134

Country

DADE

Zip

33134

Country

DADE

4. State/Country of Formation

FLA / Dade

5. Date Organized or Qualified
To Do Business in Florida

3-30-95

6. FEI Number

65-1009373

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

John W. Hoover Jr

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

2423 Alhambra Circle

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33134

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **2-14-2002**

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
Mr	Jack Amoroso	5180 Nesting Way	Delray Beach, FL 33484
Mr	James Amoroso	120 Summer Ave	Auburn, CA 90704
Mr	John W. Hoover, Jr	2423 Alhambra Cir.	Coral Gables, FL 33134
REINSTATEMENT 2001-2002			Rein 100. 01 50. 02 50 200 up

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

[Signature]

Date **2-14-02**

Daytime Phone #

(305) 992-4726

Typed or printed name of signing Managing Member/Manager

John W. Hoover, Jr

CR2E041 (9/01)