

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

01 DEC 14 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L98000002727**

1. Limited Liability Company's Name

SHORECREST INVESTMENTS LLC

2. Principal Office Address

11872 Griffing Boulevard

Suite, Apt. #, etc.

City & State

Biscayne Park, FL

Zip

33161

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida/ United States of America

5. Date Organized or Qualified
To Do Business in Florida

11-10-1998

6. FEI Number

59-7133437

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

B. Name and Address of Current Registered Agent

Name

CHRISTOPHER P. KELLEY

600004737206-9

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

11098 Biscayne Boulevard, Suite 205

12/24/01-01005-001

****208.75 ****208.75

Suite, Apt. #, Etc.

Suite 205

City

Miami

State

FL

Zip Code

33161

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 12/10/2001

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
Managing Member	Jorge L. Zuloaga	11872 Griffing Boulevard	Biscayne Park, FL 33161
	Roderick Scott Seda	6700 Woodlake Drive, NE #101	Palm Bay, FL 32905

REINSTATEMENT

00-01-015
dec

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 12/10/2001 Daytime Phone # (305) 989-2516

Typed or printed name of Signing Managing Member/Manager

JORGE L. ZULOAGA

CR2E041 (9/00)