

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS**

**DOCUMENT # L98000003437**

1. Limited Liability Company's Name

**Villa Las Marias, L.L.C.**

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #

**7700 N. Kendall Drive**

3. Mailing Office Address

**7700 N. Kendall Drive**

Suite, Apt. #, etc.

**509**

Suite, Apt. #, etc.

**509**

City & State

**Miami, FL**

City & State

**Miami, FL**

Zip

**33156**

Country

**USA**

Zip

**33156**

Country

**USA**

4. State/Country of Formation

**Florida**

5. Date Organized or Qualified  
To Do Business in Florida

**12/23/1998**

6. FEI Number

**650889955**

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

**Wayne Rassner**

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

**7700 N. Kendall Drive**

Suite, Apt. #, Etc.

**509**

City

**Miami**

State

**FL**

Zip Code

**33156**

E-mail Address:

**500237594705**

**07/19/12--01002--001 \*\*855.00**

**rassner@comcast.net**

(To be used for future annual report notices)

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

Date

**7/18/12**

REGISTERED AGENT MUST SIGN

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
MGRM	Wayne Rassner	7700 N. Kendall Dr., #509	Miami, FL 33156

**REINSTATEMENT 2009-2012**

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 608.408, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing  
Member/Manager

Date

**7/18/12**

Daytime Phone #

**305-270-8876**

Typed or printed name of signing Managing Member/Manager

**JUL 19 2012**

**T. HAMPTON**

## Advanced Incorporating Service, Inc.

1317 California Street  
P.O. Box 20396  
Tallahassee, FL 32316

Phone: 850-222-CORP  
Fax: 850-575-2724  
Email: [orders@advancedincorporating.com](mailto:orders@advancedincorporating.com)  
Website: [www.advancedincorporating.com](http://www.advancedincorporating.com)

NAME OF ENTITY <u>Villa Las Marias, L.L.C.</u> _____ _____ _____	FOR OFFICE USE ONLY
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### PICK ONE:

\_\_\_\_ CERTIFIED COPY ☒ PHOTOCOPY \_\_\_\_ C.U.S.

### FILING:

\_\_\_\_ CORPORATION \_\_\_\_ LLC \_\_\_\_ LIMITED PARTNERSHIP \_\_\_\_ GENERAL PARTNERSHIP  
\_\_\_\_ FICTITIOUS NAME \_\_\_\_ SERVICE MARK/TRADEMARK \_\_\_\_ AMENDMENT  
\_\_\_\_ FOREIGN QUALIFICATION \_\_\_\_ JUDGMENT LIEN  
\_\_\_\_ OTHER Reinstatement

### RETRIEVAL:

\_\_\_\_ GOOD STANDING CERT/C.U.S. \_\_\_\_ CERTIFIED COPY \_\_\_\_ PHOTOCOPY  
Of \_\_\_\_\_

### APOSTILLE/CERTIFICATION REQUEST:

Country \_\_\_\_\_

Amount of Documents \_\_\_\_\_

DATE 7/18/12 TIME \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_