

L99000002401

APPLICATION FOR
REINSTATEMENT FOR
LIMITED LIABILITY COMPANY



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN -8 AM 8:31

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT #L99000002401**

CITYCHEM LLC
1221 Brickell Ave Ste 900
Miami, FL 33131

1a. Principal Place of Business Address
1221 Brickell Ave Ste 900
Miami, FL 33131

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

2. Mailing Address **1221 Brickell Ave Ste 900**
Suite, Apt. #, etc. **1221 Brickell Ave Ste 900**

c/o Mark Hankins
City & State **Miami, FL**

Zip **33131** Country

2a. Principal Place of Business
Suite, Apt. #, etc. **c/o Mark Hankins**
City & State **Miami, FL**
Zip **33131** Country

3. Date Organized or Qualified **04/28/1999**

3a. State of Formation **Florida**

4. FEI Number
☐ Applied For
☒ Not Applicable

5. Date of Last Report
None to Date

6. Certificate of Status Desired
\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

Florida Incorporators, Inc.
1221 Brickell Ave.
Miami, FL 33131

8. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc. **200004433002--3**
City **FL**
06/20/01--01085--005
******200.00 ****200.00**

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 **By: Mark Hankins, President** Date **4/29/01**

REGISTERED AGENT MUST SIGN

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
MGR	Boncamper, Irvin	22 Cayon St., Basseterre	St. Kitts, West Indie

100.00 Rein
50.00 2000
50.00 2001
200.00

REINSTATEMENT 2000-2001

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 **Irvin Boncamper** Date **4/29/01** Daytime Phone #

Typed or printed name of signing Managing Member/Manager **Irvin Boncamper, Manager**