

FILED
H05000225642

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

05 SEP 22 PM 2: 08

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L99000003737

1. Limited Liability Company's Name

THE BEGINNING, L.C.

M. HODGES

9/22

2. Principal Office Address
1433 Collins Avenue

Suite, Apt. #, etc.

City & State

Miami Beach, Florida

Zip

33139

Country

U.S.A.

3. Mailing Office Address

1433 Collins Avenue

Suite, Apt. #, etc.

City & State

Miami Beach, Florida

Zip

33139

Country

U.S.A.

4. State/Country of Formation

Florida, U.S.A.

5. Date Organized or Qualified
To Do Business in Florida

06/23/1999

6. FEI Number

650931999

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

FE.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

OSCAR GRISALES-RACINI, ESQ.

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

2999 N.E. 191st Street, Concorde Centre II

Suite, Apt. #, etc.

PH-8

City

Aventura

State

FL

Zip Code

33180

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 9-22-05

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr	SERGIO COLLA TTI	1433 Collins Avenue	Miami Beach, Florida 33139

REINSTATEMENT 2005

11. I certify that I am managing member/manager or the receiver or trustee or person 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 9-22-05

Daytime Phone # 305-773-3559

Typed or printed name of signing Managing Member/Manager

SERGIO COLLA TTI

H05000225642

CR2041 (10/02)

Florida Department of State
Division of Corporations
Public Access System

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LIMITED LIABILITY REINSTATEMENT

THE BEGINNING L.C.

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