

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 17 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L99000008020

Name and Mailing Address

0010010 01 FP 0.352 **PRSR HT5 0 0615 33186-178278



8037 N.E. 2ND AVENUE, L.C.
13391 S.W. 88TH TERRACE
SUITE #F
MIAMI FL 33186-1782



2. New Mailing Address

775 NE 79th Street # A
City, State, Zip
MIAMI FL 33138

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

11/22/1999

Principal Place of Business

13391 S.W. 88TH TERRACE
SUITE #F
MIAMI FL 33186

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

65-0971881

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

DUMONT, DOMINIQUE
13391 S.W. 88TH TERRACE
SUITE #F
MIAMI FL 33186

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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

12/12/02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	DUMONT, DOMINIQUE	13391 S.W. 88TH TERRACE, SUITE #F	MIAMI FL 33186

600009347726
12/04/02--01043--009 **150.00

REINSTATEMENT

02
Dec

12. 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

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

11/19/02

(786) 4432861