

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY 18 AM 11:06

DOCUMENT # **L9900008846**

1. Limited Liability Company's Name

EXPLORER DEVELOPMENT, L.C.

9/29/00 ✓

2. Principal Office Address

1221 BRICKELL AVE

Suite, Apt. #, etc.

1590

City & State

MIAMI FLA

Zip

33129

Country

USA

3. Mailing Office Address

1221 BRICKELL AVE

Suite, Apt. #, etc.

1590

City & State

MIAMI FLA

Zip

33129

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida

12/15/99

6. FEI Number

65-0963803

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

KREUTZBERGER, PATRICIO

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

1221 BRICKELL AVE

Suite, Apt. #, Etc.

1590

City

Miami

State

FL

Zip Code

33129

100004220261-3
-05/16/01--01087-006
****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

[Signature]
REGISTERED AGENT MUST SIGN

Date **4/26/01**

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
MEM	PATRICIO KREUTZBERGER	1221 BRICKELL AVE #1590	Miami FL 33129
			5/1

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

[Signature]
Typed or printed name of signing Managing Member/Manager

Date **4/26/01**

Daytime Phone # **(305) 373-2022**

PATRICIO KREUTZBERGER

CR20041 (9/00)