

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2025 JAN 17 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M14000005893

1. Limited Liability Company's Name

CGI 55MM PARKING, LLC

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

550 Biltmore Way

Suite, Apt #, etc

Suite 970

City & State

Coral Gables, FL

Zip

33134

Country

US

3. Mailing Office Address

550 Biltmore Way

Suite, Apt #, etc

Suite 970

City & State

Coral Gables, FL

Zip

33134

Country

US

CR2E041 (1/14)

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida

08/12/2014

6. FEI Number

90-4066524

600442847136

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

CGI Merchant Group, LLC

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

550 Biltmore Way

Apt #, Etc

Suite 970

City

Coral Gables

State

FL

Zip Code

33134

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Date 01-10-2025

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MBR	CGI Mezz 55MM LLC	550 Biltmore Way, Suite 970	Coral Gables, FL 33134
AP	Ileana Rabassa	550 Biltmore Way, Suite 970	Coral Gables, FL 33134
AP	Raoul Thomas	550 Biltmore Way, Suite 970	Coral Gables, FL 33134

11. E-mail Address irabassa@cging.com

(To be used for future annual report notifications)

• L. BROWN •

JAN 16 2025

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member

Date 01-10-2025

Daytime Phone # 786-581-4800

Typed or printed name of signing authorized representative/member Raoul Thomas