

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

18 FEB -1 PM 12:51

DOCUMENT # M14000008946

1. Limited Liability Company's Name

47 Robinson Realty LLC

200308717742

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #
47 E. Robinson St.

3. Mailing Office Address
47 E. Robinson St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Orlando, FL

City & State
Orlando, FL

Zip
32801

Country
USA

Zip
32801

Country
USA

4. State/Country of Formation
Delaware

5. Date Organized or Qualified
To Do Business in Florida 12/15/2014

6. FEI Number 47-2603006

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
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33324

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

Angel Shearer
REGISTERED AGENT MUST SIGN

Angel Shearer

Date 1/31/2018

10. Names and Street Addresses of Authorized Representatives/Managers

Assistant Secretary

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Manager	Gabriel Klein	47 E. Robinson St.	Orlando, FL 33324

11. E-mail Address: altamonte.apr@gmail.com

(To be used for future annual report notifications)

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 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 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of
Authorized Representative/Manager

Date 1/31/18

Daytime Phone # FEB 1 2018


Typed or printed name of signing Authorized Representative/Manager Gabriel Klein

CT Corp.

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 2/1/2018

Acc#120160000072



Name:	LATINAMERICAN TELEVISION-LATV-LLC
Document #:	L02000012795
Order #:	10818364

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing:	Certified:
	Plain:
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Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 407.50 ~~377.50~~

Thank you!

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