

10/30/2017

Division of Corporations

Florida Department of State
Division of Corporations
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Division of Corporations
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**LIMITED LIABILITY REINSTATEMENT
7 AT BLUE LAGOON (1), LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
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Vertical text on the right side of the page, possibly a stamp or reference number.

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17 OCT 30 11:51 AM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Limited Liability Company's Name M16000004301 <u>7 AT BLUE LAGOON (1), LLC.</u>			
2. Principal Office Address - No P.O. Box # <u>3187 Royal Road</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>3187 Royal Road</u> Suite, Apt. #, etc.	
City & State <u>Coconut Grove, FL.</u>		City & State <u>Coconut Grove, FL</u>	
Zip <u>33133</u>	Country <u>USA</u>	Zip <u>33133</u>	Country <u>USA</u>
4. State/Country of Formation <u>Delaware</u>		5. Date Organized or Qualified To Do Business In Florida <u>May 31, 2016</u>	
6. FEI Number none		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$6.00 Additional Fee required for a Certificate of Status	
B. Name and Address of Current Registered Agent			
Name <u>NRAI SERVICES, INC.</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>1200 South Pine Island Road</u>			
Suite, Apt. #, Etc.			
City <u>Plantation</u>	State <u>FL</u>	Zip Code <u>33324</u>	
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: <u>[Signature]</u> Date: <u>10/30/17</u> REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Authorized Representatives/Managers			
Title	Name of Authorized Representative/Managers	Street Address of Each Authorized Representative/Manager	City, State / Zip
MGR	Caroline Weiss	3187 Royal Road	Coconut Grove, FL
11. E-mail Address: _____ <small>(To be used for future annual report notifications)</small>			
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 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: <u>[Signature]</u> Date: <u>10/30/17</u> Daytime Phone # <u>305 333 1091</u> Typed or printed name of signing Authorized Representative/Manager: <u>CAROLINE WEISS</u>			

T HENDERSON
OCT 30 2017