

10/30/2017

Division of Corporations

Florida Department of State
Division of Corporations
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Division of Corporations
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**LIMITED LIABILITY REINSTATEMENT
7 AT BLUE LAGOON (2), LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$238.75




Accepted

2017 Oct 30 14:14:30

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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 M16000004303 7 AT BLUE LAGOON (2), LLC																							
2. Principal Office Address - No P.O. Box # 3187 Royal Road Suite, Apt. #, etc. City & State Coconut Grove, FL Zip Country 33133 USA		3. Mailing Office Address 3187 Royal Road Suite, Apt. #, etc. City & State Coconut Grove, FL Zip Country 33133 USA																					
4. State/Country of Formation Delaware		5. Date Organized or Qualified To Do Business In Florida May 31, 2016																					
6. FEI Number 11010C		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable																					
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status																					
8. Name and Address of Current Registered Agent Name NRAI SERVICES, INC. Street Address (P.O. Box Number Is Not Acceptable) 1200 South Pine Island Road Suite, Apt. #, Etc. City State Zip Code Plantation FL 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  Date 10/27/17 REGISTERED AGENT MUST SIGN																							
10. Names and Street Addresses of Authorized Representatives/Managers																							
<table border="1"> <thead> <tr> <th>Title</th> <th>Name of Authorized Representatives/Managers</th> <th>Street Address of Each Authorized Representative/Manager</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>MGR</td> <td>Caroline Weiss</td> <td>3187 Royal Road</td> <td>Coconut Grove, FL</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Title	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip	MGR	Caroline Weiss	3187 Royal Road	Coconut Grove, FL															
Title	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip																				
MGR	Caroline Weiss	3187 Royal Road	Coconut Grove, FL																				
11. E-mail Address: (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 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. 817.156, F.S. Signature of Authorized Representative/Manager  Date 10/27/17 Daytime Phone # 305-333-1091 Typed or printed name of signing Authorized Representative/Manager CAROLINE WEISS																							

T HENDERSON
 OCT 30 2017