

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

00 DEC 14 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M99000000752**

1. Limited Liability Company's Name

NETCURVE LLC

REINSTATEMENT 2000

2. Principal Office Address

601 Brickell Key Drive

Suite, Apt. #, etc.

700

City & State

Miami, FL

Zip

33131

Country

USA

3. Mailing Office Address

601 Brickell Key Drive

Suite, Apt. #, etc.

700

City & State

Miami, FL

Zip

33131

Country

USA

4. State/Country of Formation

Delaware / USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

593561481

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

☐ Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Nays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301-2525

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

BRIAN COURTNEY, ASST. V.P.

REGISTERED AGENT MUST SIGN

Date **12/14/2000**

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
MGRM	Cura, David	1800 Sunset Harbour Drive Apt 2202	Miami Beach, Florida 33139
MGRM	Beckside Holdings Ltd.	Blackburn Highway PO Box 116	Road Town, Tortola BSVI

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

Date **12/12/00**

Daytime Phone # **305 728 9000**

Typed or printed name of signing Managing Member/Manager