

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2009 MAY 12 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01 0000 10209
1. Limited Liability Company's Name
SOUTH BEACH VILLAS, L.C.

900155462049
05/05/09--01039--010 **2797.50
CR2E041 (10/08)

| | | | | | | | |
|---|--|---------------|--|---|--|---------------|--|
| 2. Principal Office Address - No P.O. Box # 701 COLLINS AVE Suite, Apt. #, etc. 4A City & State MIAMI BEACH FL Zip 33139 | | Country US | | 3. Mailing Office Address 701 COLLINS AVE Suite, Apt. #, etc. 4A City & State MIAMI BEACH FL Zip 33139 | | Country US | |
|---|--|---------------|--|---|--|---------------|--|

| |
|--|
| 4. State/Country of Formation FLORIDA |
| 5. Date Organized or Qualified To Do Business in Florida 06/2001 |
| 6. FEI Number <input type="checkbox"/> Applied For <input 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
RONALD H KAUFFMAN

Street Address (P.O. Box Number is Not Acceptable)
100 se second street

Suite, Apt. #, Etc.
SUITE 2700

| | | |
|---------------|-------------|-------------------|
| City MIAMI | State FL | Zip Code 33131 |
|---------------|-------------|-------------------|

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 *R. Kauffman* Date MARCH 25 2009
REGISTERED AGENT MUST SIGN

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 |
|--------|-----------------------------------|--|----------------------|
| MGR | FIRAS AZZOUNI | 701 Collins Ave Unit 4A | Miami Beach FL 33139 |
| | | | |
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| | | | |

REINSTATEMENT 03-09

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 *Firas Azzouni* Date 4/28/09 Daytime Phone # 9176731968
Typed or printed name of signing Managing Member/Manager FIRAS AZZOUNI