PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2005 JAN -4 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000005398

1. Limited Liability Company's Name
VILLA DEL MARE REALTY, LLC

2. Principal Office Address	**3.** Mailing Office Address
40304 FISHER ISLAND DRIVE	
Suite, Apt. #, etc.: 40304	Suite, Apt. #, etc.: SAME
City & State: FISHER ISLAND, FLORIDA	City & State:
Zip: 33109-1225 Country: USA	Zip: Country:

4. State/Country of Formation: FL / USA

5. Date Organized or Qualified To Do Business in Florida: 3/6/02

6. FEI Number: ☐ 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: DAVID SHEAR
Street Address (P.O. Box Number is Not Acceptable): 201 ALHAMBRA CIRCLE
Suite, Apt. #, Etc.: SUITE 601
City: CORAL GABLES State: FL Zip Code: 33134

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 _____ Date 11/1/04
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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
	Leon Cohen	429 Lenox Ave.	Miami Beach, FL 33139
	(Managing Member)		
	REINSTATEMENT 04 05	200042704092 11/12/04--01074--005 **150.00	
		200042704092 01/12/05--01049--004 **50.00	
	Robert Harrison	429 Lenox Ave.	Miami Beach FL 33139
	(Manager)		

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 _____ (MANAGER) Date 11/1/04 Daytime Phone # (305) 537-3702

Typed or printed name of signing Managing Member/Manager: Robert Harrison, Manager