

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 16 AM 9:06

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000012383

1. Limited Liability Company's Name

Fern Street Properties, L.L.C.

200046716222
02/16/05--01004--023 **275.00

2. Principal Office Address

1313 Ponce de Leon Blvd. (same)

Suite, Apt. #, etc.

#200

City & State

Coral Gables, FL

Zip

33134

Country

U.S.A

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida, U.S.A.

5. Date Organized or Qualified
To Do Business in Florida

5/21/02

6. FEI Number

41-0896508

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

Quesada, G. Frank ESQ

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

1313 Ponce de Leon Blvd.

Suite, Apt. #, Etc.

#200

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

2/8/05

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 |
|--------|--------------------------------------|---|--------------------|
| MBRM | Lista, Walter A. | 12080 SW 127 Avenue | Miami, FL 33186 |
| MBRM | Pernas, Carlos | 11805 SW 26 St, #B-14 | Miami, FL 33175 |
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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

[Signature]

Date

2/8/05

Daytime Phone#

Typed or printed name of signing Managing Member/Manager

WALTER L. LISTA

CR2041 (10/02)