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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		CR2F041 (1/14)																					
DOCUMENT # L0200019545																									
1. Limited Liability Company's Name CABI DOWNTOWN, LLC																									
2. Principal Office Address - No P.O. Box # 19950 W. Country Club Dr Suite, Apt. #, etc. Suite 900 City & State Aventura, FL Zip Country 33180 USA		3. Mailing Office Address Suite, Apt. #, etc. City & State Zip Country		4. State/Country of Formation: Florida																					
5. First Organized or Qualified To Do Business in Florida 07/31/2002																									
6. FEI Number 54-2070838				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 C T Corporation System 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 <i>Danny Verdecchia</i> REGISTERED AGENT MUST SIGN Danny Verdecchia Date <u>07/28/2017</u>																									
10. Names and Street Addresses of Authorized Representatives/Managers <table border="1"> <thead> <tr> <th>Titles</th> <th>Name of Authorized Representative/Managers</th> <th>Street Address of Each Authorized Representative/Manager</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>MGR</td> <td>Elias Cababic Daniel</td> <td>19950 W COUNTRY CLUB DRIVE #900</td> <td>Aventura, FL 33180</td> </tr> <tr> <td>MGR</td> <td>Elias Amkie Levy</td> <td>19950 W COUNTRY CLUB DRIVE #900</td> <td>Aventura, FL 33180</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>						Titles	Name of Authorized Representative/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip	MGR	Elias Cababic Daniel	19950 W COUNTRY CLUB DRIVE #900	Aventura, FL 33180	MGR	Elias Amkie Levy	19950 W COUNTRY CLUB DRIVE #900	Aventura, FL 33180								
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11. E-mail Address: _____ (To be used for future annual report and fees)																									
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 608, F.S. I further certify that when filing this reinstatement application the non-judicial resolution 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 provided to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S. Signature of Authorized Representative/Manager <i>Elias Amkie Levy</i> Date <u>07/27/17</u> Daytime Phone <u>(786) 467-3446</u> Typed or printed name of signing Authorized Representative/Manager ELIAS AMKIE LEVY																									

20827

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Division of Corporations
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LIMITED LIABILITY REINSTATEMENT
CABI DOWNTOWN, LLC

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