

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

08 JUL 23 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000017206 1. Entity Name WATERVIEW MANAGEMENT, LLC					
Principal Place of Business ATTN: HILDA FISH 6640 ALLISON ROAD MIAMI BEACH, FL 33141		Mailing Address ATTN: HILDA FISH 6640 ALLISON ROAD MIAMI BEACH, FL 33141			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 02-0690403	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent OSMAN, ALYSON P ESQ. ONE DATRON CENTER, SUITE 402 9100 SOUTH DADELAND BLVD MIAMI, FL 33156				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$277.50		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FISH, HILDA A 6640 ALLISON RD MIAMI BEACH, FL 33141	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	300133090073 07/17/08--01036--004 **277.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FISH, BRUCE 6640 ALLISON RD MIAMI BEACH, FL 33141	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>+ Bruce L O</i>			MANAGER <i>7/1/08 305-205-9999</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		

REINSTATEMENT
07-08