


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR -7 AM 9:17

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000017253
1. Limited Liability Company's Name
Dadeland Cove APT, LLC.

2. Principal Office Address: 6494 Coral Way
3. Mailing Office Address: 6494 Coral Way
City & State: Miami, FL
Zip: 33155 Country: US

CR2E041 (8/05)

4. State/Country of Formation: FL / US
5. Date Organized or Qualified To Do Business in Florida
6. FEI Number: 200814458
7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent
Name: Jorge Perez
Street Address (P.O. Box Number is Not Acceptable): 6494 Coral Way
Suite, Apt. #, Etc.
City: Miami
State: FL Zip Code: 33155

100070793941
04/18/06 01032 006 **281.00

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: *Jorge Perez*
Date: _____
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
P	Jorge Perez	6494 Coral Way	Miami, FL 33155
VP	Jorge Perez	6494 Coral Way	Miami, FL 33155
VP	Mary T. Rodriguez	6494 Coral Way	Miami, FL 33155
TS	Mary T. Rodriguez	6494 Coral Way	Miami, FL 33155

REINSTATED 05-06

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: *Jorge Perez*
Date: _____ Daytime Phone #: _____
Typed or printed name of signing Managing Member/Manager: _____