

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2007 MAR 19 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LO4000038574

1. Limited Liability Company's Name

Puccio CONTINUUM APARTMENT
LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #

1691 MICHIGAN AVE

3. Mailing Office Address

SAHE

Suite, Apt. #, etc.

330

Suite, Apt. #, etc.

City & State

MIAMI BEACH

City & State

FLORIDA

Zip

33139

Country

DADE

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

5/19/04

6. FEI Number

20-8625468

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required
for a Certificate of Status

B. Name and Address of Current Registered Agent

Name

THOMAS PUCCIO

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

1691 MICHIGAN AVENUE

Suite, Apt. #, Etc.

330

City

MIAMI BEACH

State

FL

Zip Code

33139

A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

3/11/07

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
	<u>MR THOMAS PUCCIO</u>	<u>1691 MICHIGAN AVE SUITE 330</u>	<u>MIAMI BEACH FL 33139</u>

REINSTATEMENT 05-07

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03/22/07--01009--017 **150.00

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

3/11/07

Daytime Phone #

305 992 5752

Typed or printed name of signing Managing Member/Manager