

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LOS 0000 21534**

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**

06 OCT -4 AM 9:17

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Limited Liability Company's Name

MIRAMAR LAKE, LLC

*Handwritten initials and scribbles*

2. Principal Office Address

18501 PINES BLVD

Suite, Apt. #, etc.  
 # 107

City & State

Pembroke Pines, FL

Zip  
 33029

Country  
 USA

3. Mailing Office Address

18501 PINES BLVD

Suite, Apt. #, etc.  
 # 107

City & State

Pembroke Pines, FL

Zip  
 33029

Country  
 USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified To Do Business in Florida

3/3/05

6. FEI Number

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  
**GABRIEL M. SANCHEZ**

Street Address (P.O. Box Number is Not Acceptable)  
 9555 N. KENDALL DRIVE

Suite, Apt. #, Etc.  
 # 200

City  
 MIAMI

State  
 FL

Zip Code  
 33176

**REINSTATEMENT 2006**

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

*Handwritten signature of Gabriel M. Sanchez*

REGISTERED AGENT MUST SIGN

Date 10-3-06

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	ALEJANDRO REMOS	18501 PINES BLVD. #107, PEMBROKE PINES, FL	33029
MGR	PETER MEDINA	18501 PINES BLVD. #107	Pembroke Pines, FL 33029
MGR	GABRIEL A. SANCHEZ	9555 N. KENDALL DR #200	MIAMI, FL 33176
MGR	GABRIEL M. SANCHEZ	9555 N. KENDALL DR #200	MIAMI, FL 33176
MGR	GUILLERMO MILLARES	8420 SW 84 AVENUE	MIAMI, FL 33176

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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

*Handwritten signature of Gabriel M. Sanchez*

Date 10/3/06

Daytime Phone #

305-595-4661

Typed or printed name of signing Managing Member/Manager

GABRIEL M. SANCHEZ

CREATED 08/06