

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 OCT 18 PH 3:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CR2E041 (1/07)

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000098422

1. Limited Liability Company's Name

271 189 Sunny Isles Beach LLC

2. Principal Office Address - No P.O. Box # 271 189 Street		3. Mailing Office Address 3255 NE 184 St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. #12204	
City & State Sunny Isles Beach, FL		City & State Aventura, FL	
Zip 33160	Country Miami-Dade	Zip 33160	Country Miami-Dade

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida 6/10/2005

6. FEI Number 01-0871031	Applied For
	Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: **Maria C. San Martin**


Street Address (P.O. Box Number is Not Acceptable): **3255 NE 184 Street**

Suite, Apt. #, Etc.: **12204**

City: **Aventura** State: **FL** Zip Code: **33160**

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:  Date: **10/9/07**

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
MGR	Maria C. San Martin	3255 NE 184 St. #12204	Aventura, FL 33160

200110940242
10/18/07 01824 026 *\$200.00

REINSTATEMENT *0607*

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:  Date: **10/9/07** Daytime Phone #: **305 799-8998**

Typed or printed name of signing Managing Member/Manager: **Maria C. San Martin**