

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 SEP 15 PM 12:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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09/15/09--01013--004 \*\*555.00 ✓

CR2E041 (10/08)

DOCUMENT # L05000081953

9/15/06

1. Limited Liability Company's Name

CORAL SPRINGS FIPLEX CONDOS, LLC

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

39 SOUTH POMPANO PARKWAY

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FLORIDA

Zip

33069

Country

USA

3. Mailing Office Address

39 SOUTH POMPANO PARKWAY

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FLORIDA

Zip

33069

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida

08/19/2005

6. FEI Number

20-3346220

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

GBS CONSULTANTS, INC.

PO5-3177

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

18501 PINES BLVD

Suite, Apt. #, Etc.

SUITE 201

City

PEMBROKE PINES

State

FL

Zip Code

33029

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

X *[Signature]*

REGISTERED AGENT MUST SIGN

Date 09/10/2009

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	VELANDIA PONCE, SILVIO	39 SOUTH POMPANO PARKWAY	POMPANO BEACH, FL 33069
MGR	BRICENO, NELSON	39 SOUTH POMPANO PARKWAY	POMPANO BEACH, FL 33069

REINSTATEMENT 2006, 07, 08, 2009  
without Penalty up 9/16/09

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

*Silvio Velandia*

Date 09/10/2009

Daytime Phone # (954)659-8835

Typed or printed name of signing Managing Member/Manager SILVIO VELANDIA