

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**


**09 OCT -6 AM 8:09**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

600161334016  
10/05/09--01054--006 \*\*277.50

CR2E041 (10/08)

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L05000116361**

1. Limited Liability Company's Name

Osceola Palms, LLC

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

3601 NW 55th Street

Suite, Apt. #, etc.

202

City & State

Miami, FL

Zip

33142-2701

Country

USA

3. Mailing Office Address

3601 NW 55th Street

Suite, Apt. #, etc.

202

City & State

Miami, FL

Zip

33142-2701

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified

To Do Business in Florida 12/06/2005

6. FEI Number

203957038

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

Rafael A. Perez

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

201 Alhambra Circle

Suite, Apt. #, Etc.

711

City

Coral Gables

State

FL

Zip Code

33134

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

*Rafael A. Perez*

REGISTERED AGENT MUST SIGN

Date 10/1/09

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	Anorca, LLC	3601 NW 55th Street, #202	Miami, FL 33142-2701
			<b>L. SELLERS</b>
			OCT - 7 2009
			<b>EXAMINER</b>

**REINSTATEMENT** 08-09

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

*Marcelo Perez*

Date 10/1/09

Daytime Phone # 305-638-5514

Typed or printed name of signing Managing Member/Manager **Marcelo Perez**