

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 MAY 25 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200181391602
05/27/10--01001--018 **277.50

CR2E041 (11/09)

DOCUMENT # L06000002735

1. Limited Liability Company's Name

PEEBLES URBAN, LLC

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

1 Alhambra Plaza

Suite, Apt. #, etc.

Suite 1400

City & State

Coral Gables, FL

Zip

33134

Country

US

3. Mailing Office Address

1 Alhambra Plaza

Suite, Apt. #, etc.

Suite 1400

City & State

Coral Gables, FL

Zip

33134

Country

US

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

01/09/2006

6. FEI Number

04-3842539

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

Ronald R. Fieldstone, Esq.

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

200 South Biscayne Boulevard

Suite, Apt. #, Etc.

Suite 33600

City

Miami

State

FL

Zip Code

33131

☒ 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

Ronald R. Fieldstone

Date 5/25/2010

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
MGRM	R. Donahue Peebles	1 Alhambra Plaza #1400	Coral Gables, FL 33134
V	Daniel H. Grimm	1 Alhambra Plaza #1400	Coral Gables, FL 33134

REINSTATEMENT - 09-10

11. E-mail Address: csanchez@arnstein.com

(To be used for future annual report notifications)

12. 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

Ronald R. Fieldstone

Date 5/25/10

Daytime Phone # 305-374-3330

Typed or printed name of signing Managing Member/Manager

Authorized Representative

CS