

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

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1. Limited Liability Company's Name

99 NE PROPERTY LLC

REINSTATEMENT 2007-09 *SBM*

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 3655 N. Bay Homes Drive		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Coconut Grove, FL		City & State	
Zip 33133	Country	Zip	Country

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 12/15/2006	
6. FEI Number	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Douglas D. Stratton			
Street Address (P.O. Box Number is Not Acceptable) 407 LINCOLN ROAD, SUITE 2A			
Suite, Apt. #, Etc.			
City MIAMI BEACH, FL	State FL	Zip Code 33139	

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 *[Signature]* Date 2/20/09

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	Jacqueline Woods Haddad Fraleigh	3655 N. Bay Homes Drive	Coconut Grove, FL 33133
MGR	Katherine Fraleigh	3655 N. Bay Homes Drive	Coconut Grove, FL 33133

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 *Jackie W.H. Fraleigh* Date 11/9/09 Daytime Phone # (305) 725-8587

Typed or printed name of signing Managing Member/Manager Jackie Haddad Fraleigh