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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
 Fax Number : (850)617-6383

From: Account Name : AGI REGISTERED AGENTS, INC.  
 Account Number : I20000000205  
 Phone : (305)416-6800  
 Fax Number : (305)416-6811

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TALLAHASSEE, FLORIDA

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LIMITED LIABILITY REINSTATEMENT  
MIAMI ALL SEASONS PH3C, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$516.25

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EXAMINER

APR 18 2011


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CR2E041 (1/11)

**LIMITED LIABILITY COMPANY REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L07000057780

1. Limited Liability Company's Name

Miami All Seasons PH3C, LLC

2. Principal Office Address - No P.O. Box # 1425 Brickell Avenue		3. Mailing Office Address 1000 Brickell Avenue	
Suite, Apt. #, etc. Unit 57D		Suite, Apt. #, etc. Suite 500	
City & State Miami, FL		City & State Miami, FL	
Zip 33131	Country US	Zip 33131	Country US

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 5/31/2007	
6. FEI Number 26-1895152	Applied For <input type="checkbox"/> Not Applicable
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  
AGI REGISTERED AGENTS, INC.

Street Address (P.O. Box Number is Not Acceptable)  
1000 Brickell Avenue

Suite, Apt. #, Etc.  
Suite 300

City  
Miami

State  
FL

Zip Code  
33131

E-mail Address:  
dhernandez@agilaw.com  
(To be used for future annual report notices)

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.

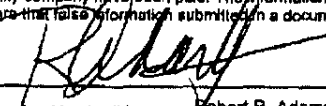
Signature of Registered Agent  Date 4/15/11

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Jeffrey Chen	1425 Brickell Avenue, Unit 57D	Miami, Florida 33131
MGRM	Corey Chen	40 Mercer Street, Unit 5	Miami, Florida 10013

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 608.408, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager  Date 4/15/2011 Daytime Phone # 3054166800

Typed or printed name of signing Managing Member/Manager Robert R. Adams, Authorized Signatory

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