


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

16 MAR -4 PM 2:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** L09000087397

1. Limited Liability Company's Name  
3050 Aventura Owner, LLC

2. Principal Office Address - No P.O. Box # 546 Fifth Avenue		3. Mailing Office Address 546 Fifth Avenue	
Suite, Apt. #, etc. C/O Safra National Bank of New York		Suite, Apt. #, etc. C/O Safra National Bank of New York	
City & State New York, NY		City & State New York, NY	
Zip 10036	Country USA	Zip 10036	Country USA

CR2ED1 (1/14)

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 9/10/09	
6. FEI Number 27-1017548	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent

Name  
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable) Suite,  
1201 Hays Street

Apt. #, Etc.

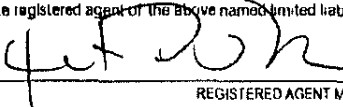
City  
Tallahassee

State  
FL

Zip Code  
32301

300282959023

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent  Janet Budhu, Asst. Vice President Date 3/3/16

REGISTERED AGENT MUST SIGN


10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
mgr/m	Carlos Bertaco	C/O SNBNY 546 Fifth Avenue	New York, NY 10036
<b>REINSTATEMENT</b>			
<b>MAR 04 2016</b>			
<b>R. HUNT</b>			

11. E-mail Address: Carlos.Bertaco@safra.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member  Date 3/3/16 Daytime Phone #

Typed or printed name of signing authorized representative/member Carlos Bertaco

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 043962 4301938  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 660.00

ORDER DATE : March 3, 2016

ORDER TIME : 5:33 PM

ORDER NO. : 043962-005

CUSTOMER NO: 4301938

DOMESTIC FILINGS

NAME: 3050 AVENTURA OWNER, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
\_\_\_\_\_ PLAIN STAMPED COPY  
XX \_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - Ext# 62956

EXAMINER'S INITIALS

MAR 04 2016

R. HUNT

RECEIVED  
16 MAR -4 PM 12:29  
SECRETARY OF FINANCE