

FILED

14 MAY 19 PM 4:02

SECRETARY OF STATE  
FALLAHANSEL, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE

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

1. Limited Liability Company's Name

245 Costanera Road LLC - L12000154088

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

245 Costanera Road

Suite, Apt. #, etc.

City & State

Coral Gables, Florida

Zip

33143

Country

USA

3. Mailing Office Address

245 Costanera Road

Suite, Apt. #, etc.

City & State

Coral Gables, Florida

Zip

33143

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida  
12/10/2012

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$3.00 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

Corporate Creations Network Inc.

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

11380 Prosperity Farms Road #221E

State, Apt. #, Etc.

City

Palm Beach Gardens

State

FL

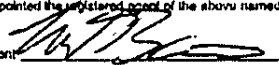
Zip Code

33410

000260327390  
05/13/14--01002--013 \*\*377.50

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



By: Trent Bavaro, Special Secretary

Date 05/09/2014

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
AR	Rafael Chapur Duarte	245 Costanera Road	Coral Gables, Florida 33143

REINSTATEMENT

05/13/2014


11. E-mail Address: hshain@tenzer.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 requirements 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager



Date 04/28/2014

Daytime Phone # (786) 493-0967

Typed or printed name of signing Authorized Representative/Manager: Rafael Chapur Duarte

MAY 19 2014

M. WILLIAMS



May 15, 2014

VIA FEDERAL EXPRESS

Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

Re: Reinstatement of 245 Costanera Road LLC

To Whom It May Concern,

In connection with the above referenced matter, enclosed herewith please find a completed Limited Liability Company Reinstatement and a check for Three Hundred Seventy-Seven and 50/100 Dollars (\$377.50) covering the reinstatement fee and the annual report fee for 2013 and 2014.

Please contact us at 305-400-7995 if you have any questions or require any additional documentation.

Sincerely,

A handwritten signature in black ink, appearing to read 'H. Shain', written over a horizontal line.

Harris J. Shain, Esq.