


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED
00 DEC -8 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000000729

1. Limited Liability Company's Name

Ocean Terrace, L.C.

REINSTATEMENT 2000

2. Principal Office Address <u>7300 OCEAN TERRACE</u>		3. Mailing Office Address <u>7300 OCEAN TERRACE</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Miami Beach-FL</u>		City & State <u>Miami Beach FL</u>	
Zip <u>33140</u>	Country	Zip <u>33148</u>	Country
4. State/Country of Formation <u>FL</u>		5. Date Organized or Qualified To Do Business in Florida <u>06-04-98</u>	
6. FEI Number <u>650841598</u>		Applied For 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
PINO, JUAN JOSE
Street Address (P.O. Box Number is Not Acceptable)
1080 NW 163RD DRIVE
Suite, Apt. #, Etc.
300003493869-1
City
MIAMI
State
FL
Zip
33169
Date
12/13/00
Filing Fee
01077-004
Annual Fee
150.00
Late Fee
150.00

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

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
<u>MGRM</u>	<u>PINO JUAN JOSE</u>	<u>1080 NW 163RD DRIVE</u>	<u>MIAMI-FL 33169</u>

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

Date

11-22-00 Daytime Phone # (305) 8674242

Typed or printed name of signing Managing Member/Manager