

L98000000729

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY 22 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 980 00000729

1. Limited Liability Company's Name

OCEAN TERRACE L.C.

2. Principal Office Address

7300 OCEAN TERRACE

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

Zip

33140

Country

USA

3. Mailing Office Address

7300 OCEAN TERRACE

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

Zip

33140

Country

USA

100019682951

05/22/03--01003--016 **200.00

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

06-04-98

6. FEI Number

650 841 598

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

SERGIO H. RODRIGUEZ

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

2929 SW 3RD AVENUE

Suite, Apt. #, etc.

320

City

MIAMI

State

FL

Zip Code

33129

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

SERGIO H. RODRIGUEZ
REGISTERED AGENT MUST SIGN

Date 04-29-03

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
MEM	JUAN JOSE PINO	2929 SW 3RD AVE SUITE 320	MIAMI, FL 33129
MEM	MARINA AMARAL	2929 SW 3RD AVE SUITE 320	MIAMI, FL 33129

REINSTATEMENT 02-03
dec

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

4-29-03

Daytime Phone #

305 854 1414 Ext 201

Typed or printed name of signing Managing Member/Manager

JUAN JOSE PINO

CR2E041 (10/02)