

FILED

14 JAN -2 PM 4:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M11000005745

1. Limited Liability Company's Name

RIVERVIEW APARTMENTS SUNRISE, LLC

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

10421 Golden Eagle Court

Suite, Apt. #, etc.

City & State

Plantation, FL

Zip

33324

Country

USA

3. Mailing Office Address

10421 Golden Eagle Court

Suite, Apt. #, etc.

City & State

Plantation, FL

Zip

33324

Country

USA

4. State/Country of Formation

DE

5. Date Organized or Qualified To Do Business in Florida

11/14/2011

6. FEI Number

453621194

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 additional fee required for Certificate of Status

8. Name and Address of Current Registered Agent

Name

OSCAR DIVEROLI

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

10421 Golden Eagle Court

Suite, Apt. #, Etc.

City

Plantation

State

FL

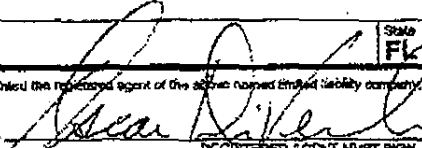
Zip Code

33324

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 806, F.S.

Signature of Registered Agent



REGISTERED AGENT MUST SIGN

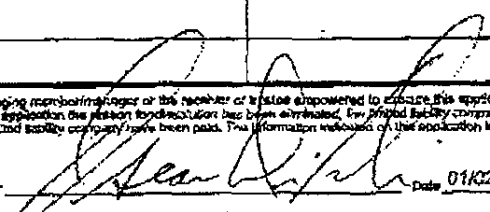
Date January 7, 2014

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	ODCO, LLC	10421 Golden Eagle Court	Plantation, FL 33324
MGR	GDCO, LLC	3108 NE 22nd Street	Ft. Lauderdale, FL 33306

11. I certify that I am managing member/manager of the register or a state empowered to change this application as provided for in Chapter 806, F.S. I further certify that when filing this reinstatement application the person for whom the fee has been calculated, the proper liability company name satisfies the requirements of section 806.406, F.S., and that all fees owed by the limited liability company have been paid. The information released 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 01/02/2014

Daytime Phone # 954-577-7227

Typed or printed name of signing Managing Member/Manager

Oscar Diveroli

REINSTATEMENT

13-14

CR2ED41 (12/07)

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H1400000823 3)))



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To: Division of Corporations
Fax Number : (850)617-6384

From: Account Name : MOMBACH, BOYLE & HARDIN, P.A.
Account Number : 074143000064
Phone : (954)467-2200
Fax Number : (954)467-2210

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Diverolil@aol.com

**LIMITED LIABILITY REINSTATEMENT
RIVERVIEW APARTMENTS SUNRISE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$377.50