▲ Tear Here ▲ ▲ Tear Here ▲ ▲ Tear Here ▲

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

L01000005350

FILED

02 NOV -5 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000005350

Name and Mailing Address

200008803182
11/05/02--01039--007 **150.00

0002460 01 FP 0,352 **PRSRT TB 0 0615 33156-633021

LIONGATE DESIGNER STRUCTURE, LLC
1321 LUGO AVENUE
CORAL GABLES FL 33156-6330

CR2E084 (8/02)

2. New Mailing Address: 601 Brickell Key Drive, Suite 805 City, State, Zip: Miami, FL 33131	**4.** State/Country of Formation: FL **5.** Date Organized or Qualified To Do Business in Florida: 04/06/2001
Principal Place of Business: 1321 LUGO AVENUE, CORAL GABLES FL 33156 **3.** New Principal Place of Business Address: 601 Brickell Key Drive#805 City, State, Zip: Miami, FL 33131	**6.** FEI Number: 01-0643426 ☐ 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	**9.** Name and Address of New Registered Agent
ALLEN & GALEGO 601 BRICKELL KEY DRIVE, SUITE 805 MIAMI FL 33131	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

10. 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: Robert N Allen, Jr. By: Robert N. Allen, Jr., President Date: 11/1/02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Manolina Costa	1321 Lugo Avenue	Coral Gables, FL 33156

REINSTATEMENT

12. 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: Manolina Costa Date: 11-01-02 Daytime Phone #: (305) 379-3300

Typed or printed name of signing Managing Member/Manager: Manolina Costa