

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 14 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000026490

Name and Mailing Address

0005844 01 AT 0.292 **AUTO T3 0 0615 33130-360345



3900 DEVELOPMENT, L.L.C.
1145 S.W. 8 STREET
MIAMI FL 33130-3603



REINSTATEMENT 2003-2004

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 10/08/2002	
Principal Place of Business 1145 S.W. 8 STREET MIAMI FL 33145	3. New Principal Place of Business Address City, State, Zip	6. FEI Number Applied For	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 ESPINO, OTTO N JR 1145 S.W. 8 STREET MIAMI FL 33145	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 800025760418 12/26/03--01004--016 **150.00 City FL Zip Code
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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 Otto Espino **SIGNATURE REQUIRED** Date 12-20-03
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
MANAGER	Otto Espino SR	1145 SW 8 ST	MIAMI FL 33130

REINSTATEMENT 2003-2004 800025760418
04/14/04--01046--005 **50.00

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 Otto Espino **SIGNATURE REQUIRED** Date 12-20-03 Daytime Phone # 305 970 5135
Typed or printed name of signing Managing Member/Manager Otto Espino