

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000090232

1. Entity Name
PARK PLACE LOFTS, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR -7 AM 10:09

Principal Place of Business
261 N.E. 1 STREET
STE 600
MIAMI, FL 33132

Mailing Address
261 N.E. 1 STREET
STE 600
MIAMI, FL 33132

2. Principal Place of Business
600 BRICKELL AV.
Suite, Apt. #, etc.
STE. 301-D

3. Mailing Address
4829 FISHER ISLAND DR.
Suite, Apt. #, etc.



02022006 REIN-LLC CR2E101 (11/05)

City & State
MIAMI FL
Zip
33131
Country
USA

City & State
MIAMI FL
Zip
33109
Country

4. FEI Number
51-0549218
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HART, DAVID J ESQ
21 S.E. 1 AVENUE 10TH FL
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name
CARLOS J. MATTOS
Street Address (P.O. Box Number is Not Acceptable)
4829 FISHER ISLAND DR.
City
MIAMI FL
Zip Code
33109

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE CARLOS J. MATTOS (MGR) DATE 02-06-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MATTOS, CARLOS 21 S.E. 1 AVENUE 10TH FL MIAMI, FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400070460364 04/14/06--01041--017 **100.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 05-06	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CARLOS J. MATTOS DATE 02-06-06 DAYTIME PHONE # 305-466-0202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE