

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 NOV 27 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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11/20/07--01014--010 **200.00

CR2E041 (1/07)

| | | |
|--|---|--|
| LIMITED LIABILITY COMPANY REINSTATEMENT |  | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS |
| | | |

DOCUMENT # L05000121844

1. Limited Liability Company's Name


5700 COLLINS, LLC

| | | | |
|--|---------|--|---------|
| 2. Principal Office Address - No P.O. Box # 100 N. Biscayne Boulevard | | 3. Mailing Office Address 100 N. Biscayne Boulevard | |
| Suite, Apt. #, etc. Suite 500 | | Suite, Apt. #, etc. Suite 500 | |
| City & State Miami, FL | | City & State Miami, FL | |
| Zip 33132 | Country | Zip 33132 | Country |

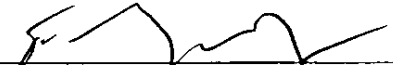
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|--|--|
| 4. State/Country of Formation Florida | |
| 5. Date Organized or Qualified To Do Business in Florida 12/20/2005 | |
| 6. FEI Number | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status | |

| | |
|---|-------------|
| 8. Name and Address of Current Registered Agent | |
| Name Jade Associates Miami, Inc | |
| Street Address (P.O. Box Number is Not Acceptable) 100 N. Biscayne Boulevard | |
| Suite, Apt. #, Etc. Suite 500 | |
| City Miami | State FL |
| Zip Code 33132 | |

☐ 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 608, F.S. | |
| Signature of Registered Agent  | Date 11/14/07 |

| 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 |
| MGR | BIBAS, GEORGES | 100 N. Biscayne Blvd - Suite 500 | Miami, FL 33132 |
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| 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 11/15/07 Daytime Phone# 954 523 5555 |
| Typed or printed name of signing Managing Member/Manager | |