

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2009 MAY 12 AM 11:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900155462049  
05/05/09--01039--010 \*\*2797.50  
CR2E041 (10/08)

DOCUMENT # L01 0000 10209

1. Limited Liability Company's Name

SOUTH BEACH VILLAS, L.C.

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

701 COLLINS AVE

Suite, Apt. #, etc.

4A

City & State

MIAMI BEACH FL

Zip

33139

Country

US

3. Mailing Office Address

701 COLLINS AVE

Suite, Apt. #, etc.

4A

City & State

MIAMI BEACH FL

Zip

33139

Country

US

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida 06/2001

6. FEI Number

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

Name

RONALD H KAUFFMAN

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

100 se second street

Suite, Apt. #, Etc.

SUITE 2700

City

MIAMI

State

FL

Zip Code

33131

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

REGISTERED AGENT MUST SIGN

Date MARCH 25 2009

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	FIRAS AZZOUNI	701 Collins Ave Unit 4A	Miami Beach FL 33139

REINSTATEMENT 03-09

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

4/28/09

Daytime Phone #

9176731968

Typed or printed name of signing Managing Member/Manager FIRAS AZZOUNI