

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


2010 MAY 25 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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05/27/10--01001--018 **277.50

CR2E041 (11/09)

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000002735

1. Limited Liability Company's Name

PEEBLES URBAN, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1 Alhambra Plaza		1 Alhambra Plaza	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 1400		Suite 1400	
City & State		City & State	
Coral Gables, FL		Coral Gables, FL	
Zip	Country	Zip	Country
33134	US	33134	US

4. State/Country of Formation	Florida
5. Date Organized or Qualified To Do Business in Florida	01/09/2006
6. FEI Number	04-3842539
Applied For	
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: **Ronald R. Fieldstone, Esq.**

Street Address (P.O. Box Number is Not Acceptable): **200 South Biscayne Boulevard**

Suite, Apt. #, Etc.: **Suite 33600**

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: *Ronald R. Fieldstone* Date: 5/25/2010

REGISTERED AGENT MUST SIGN

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
MGRM	R. Donahue Peebles	1 Alhambra Plaza #1400	Coral Gables, FL 33134
V	Daniel H. Grimm	1 Alhambra Plaza #1400	Coral Gables, FL 33134
REINSTATEMENT - 09-10			

11. E-mail Address: csanchez@arnstein.com

(To be used for future annual report notifications)

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: *Ronald R. Fieldstone* Date: 5/25/10 Daytime Phone # 305-374-3330

Typed or printed name of signing Managing Member/Manager: Authorized Representative

CS