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Florida Department of State
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : AGI REGISTERED AGENTS, INC.
Account Number : I20000000205
Phone : (305)416-6800
Fax Number : (305)416-6811

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LIMITED LIABILITY REINSTATEMENT
UNIT 1008 COMMODORE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$516.25

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T. HAMPTON
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (05/10)

DOCUMENT # L07000034825

1. Limited Liability Company's Name

Unit 1008 Commodore, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1000 Brickell Avenue		1000 Brickell Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
300		300	
City & State		City & State	
Miami, Florida		Miami, Florida	
Zip	Country	Zip	Country
33131	US	33131	US

4. State/Country of Formation: Florida, U.S.A.

5. Date Organized or Qualified To Do Business in Florida: April 2, 2007

6. FEI Number: 20-8817593 ☐ 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: AGI Registered Agents, Inc.

Street Address (P.O. Box Number is Not Acceptable): 1000 Brickell Avenue

Suite, Apt. #, Etc.: Suite 300

City	State	Zip Code
Miami	FL	33131

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: 7/29/2010

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
Mgr	Humberto Rodriguez	1000 Brickell Avenue, Suite 300	Miami, Florida 33131
Mgr	Mariana Lloreda	1000 Brickell Avenue, Suite 300	Miami, Florida 33131

11. E-mail Address: dhernandez@agllaw.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: _____ Date: 7/29/2010 Daytime Phone #: 305-416-6800

Typed or printed name of signing Managing Member/Manager: Robert R. Adams, as Authorized Signatory for Humberto Rodriguez

REINSTATEMENT 2008-2010

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