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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	
DOCUMENT # L07000034825			
1. Limited Liability Company's Name Unit 1008 Commodore, LLC			
2. Principal Office Address - No P.O. Box # 1000 Brickell Avenue		3. Mailing Office Address 1000 Brickell Avenue	
Suite, Apt. #, etc. Suite 300		Suite, Apt. #, etc. Suite 300	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33131	Country USA	Zip 33131	Country USA
8. Name and Address of Current Registered Agent AGI Registered Agents, Inc. Street Address (P.O. Box Number is Not Acceptable) 1000 Brickell Avenue Suite, Apt. #, etc. Suite 300 City Miami		4. State/Country of Formation Florida 5. Date Organized or Qualified To Do Business in Florida April 2, 2007 6. FEI Number 20-8817593 7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status	
E-mail Address. dhernandez@agilaw.com (To be used for future annual report notices)			
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 [Signature] Date 12/3/2012 REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Title	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. 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 508.406, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.			
Signature of Managing Member/Manager [Signature]		Date 12/3/2012 Daytime Phone # 305-416-6800	
Typed or printed name of signing Managing Member/Manager Robert R. Adams, Esq., Authorized Representative			

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
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LIMITED LIABILITY REINSTATEMENT
UNIT 1008 COMMODORE, LLC

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