PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
13 OCT 10 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M12000002944

1. Limited Liability Company's Name
~~L11000062770~~
Oleta Partners, LLC

900252633609
10/09/13--01039--007 **243.75

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3390 Mary Street	3390 Mary Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 200	Suite 200
City & State	City & State
Coconut Grove, FL	Coconut Grove, FL
Zip / Country	Zip / Country
33133 / USA	33133 / USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: May 27, 2011

6. FEI Number: 46-2617597 ☐ 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: Brett Dill
Street Address (P.O. Box Number is Not Acceptable): 3390 Mary Street
Suite, Apt. #, Etc.: Suite 200
City: Coconut Grove, State: FL Zip Code: 33133

E-mail Address: m.fundora@swerdlow.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 Brett Dill Date 10/7/2013
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	LS Oleta Manager, LLC	3390 Mary Street Suite 200	Miami, FL 33133
MGRM	Brett Dill	3390 Mary Street Suite 200	Miami, FL 33133
	OCT 10 2013	REINSTATEMENT 2013	
	L. SELLERS		

L. SELLERS
OCT 10 2013

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. 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 Brett Dill Date 10/7/2013 Daytime Phone # 305 442 6530

Typed or printed name of signing Managing Member/Manager: Brett Dill