APPROVED AND FILED

1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

01 OCT 26 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000002068

1. Limited Liability Company's Name

PRIMA VISTA, LLC

REINSTATEMENT 2001

2. Principal Office Address	**3.** Mailing Office Address
6714 Pines	6714 Pines Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pembroke Pines, FL	City & State: Pembroke Pines, FL
Zip: 33024 Country: USA	Zip: 33024 Country: USA

4. State/Country of Formation: Florida / USA

5. Date Organized or Qualified To Do Business in Florida:

6. FEI Number: 65-0983819 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: Robert Lee Shapiro

Street Address (P.O. Box Number is Not Acceptable): 2401 PGA Blvd.

Suite, Apt. #, Etc.: Suite 272

City: Palm Beach State: FL Zip Code: 33410

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 _____

REGISTERED AGENT MUST SIGN

CR2E041 (8/00)

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
M	Hector R. Vinas	6714 Pines Blvd.	Pembroke Pines, FL 33024
			900004655679--2
			10-24-01

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 10-16-01 Daytime Phone # 954 961-5222

Typed or printed name of signing Managing Member/Manager Hector R. Vinas

2 of 2

ACCOUNT NO. : 072100000032

REFERENCE : 216812 Patricia Pizzuto 12000A

AUTHORIZATION :

COST LIMIT : $ 150.00

ORDER DATE : October 26, 2001

ORDER TIME : 2:47 PM

ORDER NO. : 216812-005

CUSTOMER NO: 12000A

CUSTOMER: Renee Ann Winslow, Legal Asst
Robert Lee Shapiro, P.a.
Suite 272
2401 Pga Boulevard
Palm Beach Gard, FL 33410

DOMESTIC FILINGS

File First please

NAME: PRIMA VISTA, LLC

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea 1114

EXAMINER'S INITIALS _____

RECEIVED
01 OCT 26 PM 3:16
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA