

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

CRUZ APARTMENTS, LLC

L00000002191

9/28/01

FILED

02 OCT -9 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400008563084

10/24/02--01019--010 **200.00

2. Principal Office Address

8788 S.W. 8th Street

Suite, Apt. #, etc.

City & State

-Miami, Florida-

Zip

33174-3201

Country

USA

3. Mailing Office Address

8788 S.W. 8th Street

Suite, Apt. #, etc.

City & State

-Miami, Florida-

Zip

33174-3201

Country

USA

4. State/Country of Formation

Florida - USA

5. Date Organized or Qualified

To Do Business in Florida

Feb. 25, 2000

6. FEI Number

65-1003039

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

Sergio A. Pagliery, Esq.

Street Address (P.O. Box Number is Not Acceptable)

One S.E. 3rd Avenue

Suite, Apt. #, Etc.

Suite 1940

City

Miami

State
FL

Zip Code
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

Sergio A. Pagliery

REGISTERED AGENT MUST SIGN

Date

9-19-02

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	Sergio A. Pagliery	One SE 3rd Ave. Suite 1940	Miami, Fl. 33131
			Bjk

REINSTATEMENT

2001-2002

Bjk

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

9-19-02

Daytime Phone #

305-375-9515

Typed or printed name of signing Managing Member/Manager

Sergio A. Pagliery, Esq.

CR2E041 (9/01)