

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 DEC 16 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
12/15/08--01046--001--**302.50

DOCUMENT # L00000003712

1. Limited Liability Company's Name

South Beach CDB II LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

300 South Pointe Drive

Suite, Apt. #, etc.

PH4005

City & State

Miami Beach, Florida

Zip

33139

Country

USA

3. Mailing Office Address

300 South Pointe Drive

Suite, Apt. #, etc.

PH4005

City & State

Miami Beach, Florida

Zip

33139

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified

To Do Business in Florida March 31, 2000

6. FEI Number

65-1001995

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

Kenneth D. Kossow, Esq.

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

1325 Diplomat Pkwy

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33019

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 December 8, 2008

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
Mgrm	Cecile D. Barker	300 South Pointe Drive	Miami Beach, Florida 33139

REINSTATEMENT 07-08

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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

12/8/08

Daytime Phone # 305-695-4460

Typed or printed name of signing Managing Member/Manager Cecile D. Barker