PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

02 SEP 13 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

000007807670--0
-09/17/02--01064--012
****200.00 ******200.00

REINSTATEMENT 2001 2002

DOCUMENT # L00000004408

1. Limited Liability Company's Name
100 Palo de Oro Drive, LLC

2. Principal Office Address	**3.** Mailing Office Address
7000 SW 97 Avenue	7000 SW 97 Avenue
Suite, Apt. #, etc. 200	Suite, Apt. #, etc. 200
City & State Miami, FL	City & State Miami, FL
Zip 33173 Country USA	Zip 33173 Country USA

4. State/Country of Formation
FLORIDA / USA

5. Date Organized or Qualified To Do Business in Florida 4/17/2000

6. FEI Number none — 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

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-09/17/02--01064--013
******5.00 ******5.00

Name
Arturo Corces

Street Address (P.O. Box Number is Not Acceptable)
7000 SW 97 Avenue

Suite, Apt. #, Etc.
200

City | State FL | Zip Code 33173
Miami

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 _____ REGISTERED AGENT MUST SIGN Date 9/11/02

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
MGRM	Arturo Corces	7000 SW 97 Ave #200	Miami, FL 33173
MGRM	Virgilia M. Corces	7000 SW 97 Ave #200	Miami, FL 33173

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 Virgilia M. Corces Date 9/11/02 Daytime Phone # 305-442-8777

Typed or printed name of signing Managing Member/Manager Virgilia M. Corces