

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



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

FILED

01 NOV 28 AM 9:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L000000006113

1. Limited Liability Company's Name

HILLSBORO PLAZA PARTNERS, LLC.

800004717649--1  
-12/10/01--01119--013  
\*\*\*\*150.00 \*\*\*\*150.00

2. Principal Office Address

1025 E. HILLSBORO BLVD.

Suite, Apt. #, etc.

City & State

DEERFIELD BCH., FL.

Zip

33432

Country

USA

3. Mailing Office Address

1 SE THIRD AVENUE

Suite, Apt. #, etc.

STE. 1100

City & State

MIAMI, FL.

Zip

33131

Country

USA

4. State/Country of Formation

MIAMI-DADE COUNTY

5. Date Organized or Qualified  
To Do Business in Florida

MAY26, 2000

6. FEI Number

65-1038197

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

FRIEDLANDER & ASSOCIATES PA

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

1 SE THIRD AVENUE

Suite, Apt. #, Etc.

STE. 1101

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 11-19-01

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
MM	TIMOTHY PAPPAS	1 SE THIRD AVENUE, STE.1100	MIAMI, FL. 33131

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

*[Signature]*

Date

11-19-01

Daytime Phone #

305-371-3592

Typed or printed name of signing Managing Member/Manager

TIMOTHY PAPPAS

CR2EM1 (8/00)