

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L000000036988

1. Limited Liability Company's Name

SIGNATURE HARBOUR CENTRE LLC  
04

2. Principal Office Address

10520 NW 26<sup>th</sup> ST.

Suite, Apt. #, etc.

SUITE C-201

City & State

MIAMI, FL

Zip

33172

Country

USA

3. Mailing Office Address

10520 NW 26<sup>th</sup> ST.

Suite, Apt. #, etc.

SUITE C-201

City & State

MIAMI, FL

Zip

33172

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

JUNE 15, 2000

6. FEI Number

65-1019544

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

53.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

JOSE E. CABANAS

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

10520 N.W. 26<sup>th</sup> ST.

Suite, Apt. #, Etc.

SUITE C-201

City

MIAMI

State

FL

Zip Code

33172

400067314554

03/07/06--01029--018

\*\*280.00

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 808, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

2/21/06

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	JOSE E. CABANAS	10520 N.W. 26 <sup>th</sup> ST #C-201	MIAMI, FL 33172

REINSTATEMENT 2004-2006

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 808, 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 808.406, 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

2/21/06

O daytime Phone #

305-513-5988

Type or printed name of signing Managing Member/manager

JOSE E. CABANAS

2006 FEB 21 AM 8:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED

CR2E041 (8/05)