

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 JUN 12 PM 3:22

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000007828

1. Limited Liability Company's Name

DELVISTA TOWERS 727 LLC

600130689496
06/03/08--01029--019 **1000.00

CR2E041 (12/07)

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

20355 NE 34TH COURT

Suite, Apt. #, etc.

727

City & State

AVENTURA, FL

Zip

33180

Country

US

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified

To Do Business in Florida **JUNE 30, 2000**

6. FEI Number

☐ 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

ALEJANDRO ACHAR

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

20355 NE 34TH COURT

Suite, Apt. #, Etc.

727

City

AVENTURA

State

FL

Zip Code

33180

☐ 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 **MAY 27, 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
MGR	ALEJANDRO ACHAR	20355 NE 34 COURT, UNIT 727	AVENTURA FL 33180
MGR	NAVA RAJWAN DE ACHAR	20355 NE 34 COURT, UNIT 727	AVENTURA FL 33180

600130689496

06/03/08--01029--020 **210.00

REINSTATEMENT
01, 08

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 **MAY 27, 2008**

Daytime Phone #

Typed or printed name of signing Managing Member/Manager **ALEJANDRO ACHAR**