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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2003 JUL 23 AM 8:55
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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07/23/03--01004--012 **50.00
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06/30/03--01002--011 **200.00

DOCUMENT # L00000008915

1. Limited Liability Company's Name
C & A 1560, L.L.C.

2. Principal Office Address	**3.** Mailing Office Address
1320 S. Dixie Highway	1320 S. Dixie Highway
Suite, Apt. #, etc.: Suite 781	Suite, Apt. #, etc.: Suite 781
City & State: Coral Gables, FL	City & State: Coral Gables, FL
Zip: 33146 Country: USA	Zip: 33146 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 07/26/2000

6. FEI Number: ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: Gary L. Brown, Esq.

Street Address (P.O. Box Number is Not Acceptable): 4000 Hollywood Blvd.

Suite, Apt. #, Etc.: Suite 265-S

City: Hollywood, State: FL Zip Code: 33021

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 6/12/03
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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
MNGR	Greenwald, Scott	1320 S. Dixie Hgwy, # 781	Coral Gables, FL 33146
		REINSTATEMENT 01-03	

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 6/12/03 Daytime Phone # 305 667-2225

Typed or printed name of signing Managing Member/Manager: Scott A. Greenwald