

PLEASE PRINT ALL INFORMATION IN BLOCKS AND LET THE OFFICIALS SEE IT.

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JUN 23 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000009536

1. Limited Liability Company's Name
18007, L.L.C.2. Principal Office Address
9830 SW 194 STREET

Suite, Apt. #, etc.

3. Mailing Office Address
9830 SW 194 STREET

Suite, Apt. #, etc.

City & State
MIAMI, FLCity & State
MIAMI, FLZip
33157Country
USAZip
33157Country
USA4. State/Country of Formation
FLORIDA5. Date Organized or Qualified
To Do Business in Florida 08/09/20006. FEI Number
20-0044924Applied For
Not Applicable7. CERTIFICATE OF STATUS DESIRED ☒

\$500.00 Annual Fee (required for all certificates of status)

B. Name and Address of Current Registered Agent

Name
HYRE, ROGER D.Street Address (P.O. Box Number is Not Acceptable)
9830 SW 194 STREET

Suite, Apt. #, Etc.

City
MIAMIState
FLZip Code
33157

600021080376

06/23/03--01057--005 **205.00

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*Roger D. Hyre*

REGISTERED AGENT MUST SIGN

Date 06/17/2003

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	HYRE, ROGER D.	9830 SW 194 STREET	MIAMI, FL 33157
MGR	LALLY, MICHAEL M	17750 SW 154 STREET	MIAMI, FL 33187

REINSTATEMENT 02-03

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*Roger D. Hyre*

Date 06/17/2003

Daytime Phone # 305-216-7044

Typed or printed name of signing Managing Member/Manager
ROGER HYRE

C25041 (10/02)