

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT  
DIVISION OF CORPORATIONS  
FILED

DOCUMENT # L0000009866 03 JAN 31 AM 9:00

1. Limited Liability Company's Name

Park Centre, LLC

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700010047807

01/31/03--01074--014 \*\*100.00

700010047807

01/13/03--01034--028 \*\*150.00

2. Principal Office Address

1111 Park Centre Blvd.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33169

Country

USA

3. Mailing Office Address

11900 Biscayne Blvd.

Suite, Apt. #, etc.

# 801

City & State

N. Miami, FL

Zip

33181

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified To Do Business in Florida

8/16/2000

6. FEI Number

65-1040145

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

Sanford N Reinhard, PA

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

2875 NE 191 Street

Suite, Apt. #, Etc.

Suite #404

City

Aventura

State

FL

Zip Code

33180

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

REGISTERED AGENT MUST SIGN

Date 1-08-03

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

Michael Ambrosio

1024 NW 99 Avenue

Plantation, FL 33181

REINSTATEMENT 01-03  
dec

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 12/31/02

Daytime Phone# 355-899-8184

Typed or printed name of signing Managing Member/Manager Michael A. Ambrosio