JUL-10-2003 ... Department of State P.4/4
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... ETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000013659

1. Limited Liability Company's Name
ANC Rental Plaza II, LLC

2. Principal Office Address		3. Mailing Office Address	
601 Brickell Key Drive		601 Brickell Key Drive	
Suite, Apt. #, etc.: Suite 600		Suite, Apt. #, etc.: Suite 600	
City & State: Miami, FL		City & State: Miami, FL	
Zip: 33131	Country: USA	Zip: 33131	Country: USA

4. State/Country of Formation: Florida
5. Date Organized or Qualified To Do Business in Florida: 11/06/2000
6. FEI Number: 65-0303765 ☐ 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: Mark Gilbert
Street Address (P.O. Box Number Is Not Acceptable): 601 Brickell Key Drive
Suite, Apt. #, Etc.: Suite 600
City: Miami, State: FL Zip Code: 33131

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 7/8/03
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	California Properties Gardens LLP	601 Brickell Key Drive, Suite 600	Miami, FL 33131

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 ____________ Date 7/8/03 Daytime Phone # 305-371-4411

Typed or printed name of signing Managing Member/Manager Mark Bas...

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Florida Department of State
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LIMITED LIABILITY REINSTATEMENT

ANC RENTAL PLAZA II, LLC

Certificate of Status	0
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