

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2007 OCT 19 PM 1:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L00000013886**

1. Limited Liability Company's Name

**MBCDC:PROPERTY MANAGEMENT, LLC**

CR2E041 (1/07)

<b>2. Principal Office Address - No P.O. Box #</b> 945 PENNSYLVANIA AVE		<b>3. Mailing Office Address</b> 945 PENNSYLVANIA AVE	
Suite, Apt. #, etc. 2nd Floor		Suite, Apt. #, etc. 2nd Floor	
City & State MIAMI BEACH, FL		City & State MIAMI BEACH, FL	
Zip 33139	Country	Zip 33139	Country

<b>4. State/Country of Formation</b> Florida	
<b>5. Date Organized or Qualified To Do Business in Florida</b> 11/03/2000	
<b>6. FEI Number</b> 31-1655567	Applied For <input type="checkbox"/> Not Applicable
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

**8. Name and Address of Current Registered Agent**

Name ROBERTO DATORRE	
Street Address (P.O. Box Number is Not Acceptable) 945 PENNSYLVANIA AVE	
Suite, Apt. #, Etc. 2nd Floor	
City MIAMI BEACH	State FL
Zip Code 33139	

☒ 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

REGISTERED AGENT MUST SIGN

Date **10/15/2007**

**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
MGRM	ROBERTO DATORRE	945 PENNSYLVANIA AVE	MIAMI BEACH, FL 33139
MGR	KARL KENNEDY	945 PENNSYLVANIA AVE	MIAMI BEACH, FL 33139
MGR	DON TOMLIN	945 PENNSYLVANIA AVE	MIAMI BEACH, FL 33139
			10-11-07 - 01046-017 15400.00

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 **10/15/2007**

Daytime Phone # **305-538-0090**

Typed or printed name of signing Managing Member/Manager

**ROBERTO DATORRE**