

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



Katherine Harris Secretary of State DIVISION OF CORPORATIONS

02 JUN 17 PM 4:42

SECRETARY OF STATE TALLAHASSEE FLORIDA

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DOCUMENT # L00000014679

1. Limited Liability Company's Name 1567 LE JEUNE LLC

2. Principal Office Address 1110 Brickell Ave

Suite, Apt. #, etc. Suite #210

City & State Miami Fla

Zip 33131 Country Dade

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip Country

2001-2002

4. State/Country of Formation Florida

5. Date Organized or Qualified To Do Business in Florida 11/29/02

6. FEI Number 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 Larry S Rifkin

Street Address (P.O. Box Number is Not Acceptable) 1110 Brickell Ave

Suite, Apt. #, Etc. Suite # 210

City Miami

900005914053-1 06/24/02-01012-003 ***205.00 ***205.00

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 [Signature] Date 6/11/02 REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Table with 4 columns: Titles, Name of Managing Members/Managers, Street Address of Each Managing Member/Manager, City / State / Zip. Includes Caridad Anton and fee breakdown (50.00-CF, 150.00-Acm, 5.00-CERT).

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 [Signature] Date 6/11/02 Daytime Phone # (305) 371-2777 Typed or printed name of signing Managing Member/Manager CARIDAD ANTON

CR2E041 (9/01)