

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02-JAN-17 AM 8:42

DOCUMENT # L00000015173

1. Limited Liability Company's Name

Superior Development III, LLC

400004793944--8

-01/24/02--01030--003

****150.00 ****150.00

2. Principal Office Address

3000 N.W. 109 Avenue,

Suite, Apt. #, etc.

Suite #200

City & State

Miami, Florida

Zip

33172

Country

U.S.

3. Mailing Office Address

3000 N. W. 109 Avenue

Suite, Apt. #, etc.

Suite #200

City & State

Miami, Florida

Zip

33172

Country

U.S.

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

12/8/00

6. FEI Number

N/A

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

Robert M. Haber

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

520 Brickell Key Drive

Suite, Apt. #, Etc.

Suite #305

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

REGISTERED AGENT MUST SIGN

Date 12-6-01

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.	Gloria Vargas	3000 N.W. 109 Avenue#200	Miami, Florida 33172
			Rein \$100.00
			UBR 50.00
			150.00
			nc

REINSTATEMENT 2001

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 12-06-01

Daytime Phone# 305-597-0021

Typed or printed name of signing Managing Member/Manager

Gloria Vargas

CR2E041 (9/00)