PLEASE READ ALL INSTRUCTIONS BEFORE CO

APPLICATION FOR 2002 UBR

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

07-16-2002 90369 039 ****55.00
L00000015173

FILED
02 OCT 28 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000015173

Name and Mailing Address

000278G 01 FP 0.352 **PRSRT T9 D 0813 33172-503100

SUPERIOR DEVELOPMENT III, LLC
3000 N.W. 109TH AVENUE
SUITE #200
MIAMI FL 33172-5031

2. New Mailing Address

City, State, Zip

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 12/08/2000

Principal Place of Business:
3000 N.W. 109TH AVENUE
SUITE #200
MIAMI FL 33172

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number: NOT APPLICABLE — Applied For ☐ Not Applicable ☐

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional For Required for a Certificate of Status

8. Name and Address of Current Registered Agent

HABER, ROBERT M
520 BRICKELL KEY DRIVE, STE #-305
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name: Alan W. Levine
Street Address (P.O. Box Number is Not Acceptable): 1110 Brickell Ave., 7th Floor
City: Miami FL Zip Code: 33131

10. 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: 10/28/02
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	VARGAS, GLORIA	3000 N.W. 109TH AVENUE, STE 200	MIAMI FL

2002
UBR

12. 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: 10-28-02 Daytime Phone #: (305) 597-0021

Typed or printed name of signing Managing Member/Manager: Gloria Vargas