

PLEASE READ ALL INSTRUCTIONS BEFORE CO

APPLICATION
FORFLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

2002 UBR

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

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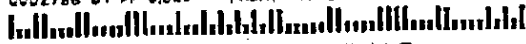
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1. DOCUMENT # L00000015173

Name and Mailing Address

0002786 01 00 0.3-7 **PRST TR 0 0013 33172-503100

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

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		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		6. FRI Number NOT APPLICABLE	
3. New Principal Place of Business Address City, State, Zip		7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee 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
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			

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