

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC 13 PM 3:13

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

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12/13/04--01059--001 **205.00

12/13

DOCUMENT # L01000003547

1. Limited Liability Company's Name

New Vista Developers, L.L.C.

2. Principal Office Address

15500 New Board Road

Suite, Apt. #, etc.

Suite 104

City & State

Miami Lakes

Zip

33014

Country

US

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 03/08/2001

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

Alicio Pina

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

15500 New Barn Road

Suite, Apt. #, Etc.

Suite 104

City

Miami Lakes

State

FL

Zip Code

33014

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

Date 12/08/2004

REGISTERED AGENT MUST SIGN

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	Alicio Pina	15500 New Board Road, Suite 104	Miami Lakes, FL 33014

REINSTATEMENT 2003-2004

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

12/8/04

Daytime Phone #

305-823-2300

Typed or printed name of signing Managing Member/Manager

Alicio Pina

CR2EM1 (10/02)