

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

John Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
BY
DIVISION OF CORPORATIONS

02 NOV 12 AM 10:14

1. DOCUMENT # L01000004921

Name and Mailing Address

0002274 01 FP 0.352 **PRSRT T7 0 0615 33146-295381



POINCIANA/GREENWALD V, L.L.C.
1320 S. DIXIE HIGHWAY, SUITE 781
CORAL GABLES FL 33146-2953

REINSTATEMENT



CR2E084 (8/02)

2. New Mailing Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

03/29/2001

Principal Place of Business

1320 S. DIXIE HIGHWAY, SUITE 781
CORAL GABLES FL 33146

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

65-1097143

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

BROWN, GARY L ESQ.
C/O PHILLIPS, EISINGER, KOSS, ROTHSTEIN &
4000 HOLLYWOOD BOULEVARD, SUITE 265 SOUTH
HOLLYWOOD FL 33021

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. I, being appointed the registered agent of the above named liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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	POINCIANA/GREENWALD V, INC.	1320 S. DIXIE HIGHWAY, SUITE 781	CORAL GABLES FL 33146

000008600800
10/25/02--01114--005 **150.00

REINSTATEMENT

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 10/22/02 Daytime Phone # 305-667 4856

Typed or printed name of signing Managing Member/Manager