L01000005361

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JAN 16 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000005361

1. Limited Liability Company's Name.
330 Fowler One, L.L.C.

12/4/02

2. Principal Office Address	3. Mailing Office Address
1 S.E. 3rd Avenue	1 S.E. 3 Avenue
Suite, Apt. #, etc.: Suite 2400	Suite, Apt. #, etc.: Suite 2400
City & State: Miami, FL	City & State: Miami
Zip: 33131 Country: U.S.A.	Zip: FL Country: 33131

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 04/06/2001

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: Ellen Rose, Esquire, c/o Therrel Baisden, P.A.

Street Address (P.O. Box Number is Not Acceptable): 1 S.E. 3 Avenue

Suite, Apt. #, Etc.: Suite 2400

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: Ellen Rose Date: 1/15/03
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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	David Edelstein	590 Madison Avenue, 21 Floor	New York, NY 10022
			400011016050 4
		REINSTATEMENT 2002-2003	
		BK	

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: 1/15/03 Daytime Phone #: 212-521-4488

Typed or printed name of signing Managing Member/Manager:

L01000005361

ACCOUNT NO. : 072100000032

REFERENCE : 895844 7135588

AUTHORIZATION : Patricia Pujato

COST LIMIT : $ 200.00

ORDER DATE : January 16, 2003

ORDER TIME : 11:08 AM

ORDER NO. : 895844-010

CUSTOMER NO: 7135588

CUSTOMER: Ms. Isabel A. Otero
Therrel Baisden, P.a.
Suntrust International Center
One S.e. 3rd Ave. Suite 2400
Miami, FL 33131

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: 330 FOWLER ONE, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull

EXAMINER'S INITIALS _____

RECEIVED
03 JAN 16 AM 11:52
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA