L01000008310

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 SEP 24 AM 8:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

DOCUMENT # L01000008310

1. Limited Liability Company's Name

BISCAYNE LEASES, LLC

07

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3211 PONCE DE LEON	3211 PONCE DE LEON
Suite, Apt. #, etc. 305	Suite, Apt. #, etc. 305
City & State CORAL GABLES, FL	City & State CORAL GABLES, FL
Zip # 33134 / Country USA	Zip 33134 / Country USA

4. State/Country of Formation FL/USA

5. Date Organized or Qualified To Do Business in Florida 5/24/2001

6. FEI Number 651126316 ☐ 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: MICHAEL MERMELSTEIN CPA

Street Address (P.O. Box Number is Not Acceptable): 3211 PONCE DE LEON BLVD

Suite, Apt. #, Etc.: 305

City: CORAL GABLES | State: FL | Zip Code: 33134

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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: Michael Mermelstein — Date: 9/24/08

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	AVRA JAIN	120 NE 27 ST #P 560	MIAMI, FL 33137

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REINSTATEMENT 2007-2008

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 608.408, 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: 9/24/08 Daytime Phone # 3054951735

Typed or printed name of signing Managing Member/Manager: