

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 MAY 13 AM 11:58

**REINSTATEMENT** 07-09 2PM

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05/07/09--01011--004 \*\*516.25

CR2E041 (10/08)

DOCUMENT # T.01000009619  
1. Limited Liability Company's Name

Grand Oaks Estates, LLC

2. Principal Office Address - No P.O. Box #  
2601 S. Bayshore Dr.

Suite, Apt. #, etc.  
200

City & State  
Miami, FL

Zip Country  
33133 United States

3. Mailing Office Address  
2601 S. Bayshore Dr.

Suite, Apt. #, etc.  
200

City & State  
Miami, FL

Zip Country  
33133 United States

4. State/Country of Formation  
Florida, United States

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

6. FEI Number  
65-1115907

7. CERTIFICATE OF STATUS DESIRED  \$5.00 Additional Fee required for a Certificate of Status

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.

8. Name and Address of Current Registered Agent

Name  
Eduardo Avila

Street Address (P.O. Box Number is Not Acceptable)  
2601 S. Bayshore Dr.

Suite, Apt. #, Etc.  
200

City State Zip Code  
Miami, FL FL 33133

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 [Signature] Date 05/04/2009  
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    | Eduardo Avila                     | 2601 S. Bayshore Dr. # 200                     | Miami, FL 33133    |
|        |                                   |  |                    |
|        |                                   |  |                    |
|        |                                   |  |                    |
|        |                                   |  |                    |

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 [Signature] Date 05/04/2009 Daytime Phone# 305 857-0400

Typed or printed name of signing Managing Member/Manager Eduardo Avila