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
05 JUN -9 AM 8:09

DOCUMENT # L01000012623

1. Limited Liability Company's Name
Doral Plaza L.L.C.

2. Principal Office Address	**3.** Mailing Office Address
2875 NE 191 St.	2875 NE 191 St.
Suite, Apt. #, etc.: 801	Suite, Apt. #, etc.: 801
City & State: Aventura, FL	City & State: Aventura, FL
Zip: 33180 Country: USA	Zip: 33180 Country: USA

4. State/Country of Formation: Florida, USA

5. Date Organized or Qualified To Do Business in Florida: 10/04/2002

6. FEI Number: 20-2630769 ✔ 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: SERBER, DANIEL

Street Address (P.O. Box Number is Not Acceptable): 2875 N.E. 191 STREET

700055976567
06/09/05--01052--001 **300.00

Suite, Apt. #, Etc.: SUITE 801

City: Aventura | State: FL | Zip Code: 33180

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 4/7/05

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
MM	Pablo Smulevich	180 NE 39th St. #109	Miami, FL 33180
		REINSTATEMENT 02-05	

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 Apr.6/2005 Daytime Phone # 305-528-7080

Typed or printed name of signing Managing Member/Manager: Pablo Smulevich