

L01000013637

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV 13 PM 1:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L01000013637

1. Limited Liability Company's Name

THE CITADEL ONE, L.L.C

2. Principal Office Address

2701 S.W. 3RD AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

2701 S.W. 3RD AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33129

Country

U.S.

Zip

33129

Country

U.S.

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

08/15/2001

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

RAUL SALAS, ESQ

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

SALAS, EDE, PETERSON & LAGE, L.L.C.

Suite, Apt. #, Etc.

6333 SUNSET DRIVE

City

SOUTH MIAMI

State

FL

Zip Code

33143

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]*

REGISTERED AGENT MUST SIGN

Date

11/12/03

10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip  |
|--------|--------------------------------------|---|---------------------|
| MGR    | JOAQUIN RIONDA                       | 2701 S.W. 3RD AVENUE                              | MIAMI FLORIDA 33129 |
|        |                                      |   |                     |
|        |                                      |   |                     |
|        |                                      |   |                     |
|        |                                      |   |                     |
|        |                                      |   |                     |

REINSTATEMENT

03

AL

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

11/12/03

Daytime Phone #

305-301-3661

Typed or printed name of signing Managing Member/Manager

JOAQUIN RIONDA

CR2E041 (10/02)