

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

9-26-03
302W

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUN -8 AM 10:49

DOCUMENT # L01000014604

1. Limited Liability Company's Name

GRAND COMMODORE, LLC

2. Principal Office Address

2000 S. DIXIE HIGHWAY

Suite, Apt. #, etc.

SUITE 100M

City & State

MIAMI, FL

Zip

33133

Country

U.S.A.

3. Mailing Office Address

2000 S. DIXIE HIGHWAY

Suite, Apt. #, etc.

SUITE 100M

City & State

MIAMI, FL

Zip

33133

Country

U.S.A.

CR2E041 (8/05)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

65-1133826

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

MICHEL HUYSMAN, ESQ.

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

2000 S. DIXIE HIGHWAY

Suite, Apt. #, Etc.

SUITE 100M

City

MIAMI, FL

State

FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

4/26/06

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	ALI MOZTARZADEH	P.O. BOX 331836	MIAMI, FL 33233-1836
			800076299938 06/16/06--01050--018 **200.00
			REINSTATEMENT 03-06

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

04/26/2006

Daytime Phone #

305-463-7879

Typed or printed name of signing Managing Member/Manager

ALI MOZTARZADEH