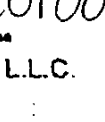


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
03 OCT 13 AM 10:34 SECRETARY OF STATE TALLAHASSEE FLORIDA			
DOCUMENT # <u>L0100000017934</u>			
1. Limited Liability Company's Name <u>Grand Palazzo III, L.L.C.</u>			
2. Principal Office Address <u>1428 Brickell Avenue</u>		3. Mailing Office Address	
Suite, Apt. #, etc. <u>Eighth Floor</u>		Suite, Apt. #, etc.	
City & State <u>Miami, Florida</u>		City & State	
Zip <u>33131</u>	Country <u>USA</u>	Zip	Country
		4. State/Country of Formation <u>Florida</u>	
		5. Date Organized or Qualified To Do Business in Florida <u>2001</u>	
		6. FEI Number <u>65-1146753</u>	Applied For ☐ Not Applicable ☒
		7. CERTIFICATE OF STATUS DESIRED ☐	\$5.00 Additional Fee required for a Certificate of Status
B. Name and Address of Current Registered Agent			
Name <u>Joshua D. Manaster, Esquire</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>1428 Brickell Avenue, Miami, Florida 33131</u>			
Suite, Apt. #, Etc. <u>Eighth Floor</u>			
City <u>Miami</u>		State <u>FL</u>	Zip Code <u>33131</u>
C. 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 _____	
REGISTERED AGENT MUST SIGN			
D. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	JLG Broward, L.L.C.	1428 Brickell Avenue	Miami, Florida 33131
REINSTATEMENT 2003			400023766854 10/13/03 010916-023 \$150.00
E. 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 <u>[Handwritten Signature]</u>		Date <u>10/16/03</u>	Daytime Phone # <u>305-252-2454</u>
Typed or printed name of signing Managing Member/Manager <u>GERARDO CISNEROS</u>			