PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
03 OCT 13 AM 10:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000017934

1. Limited Liability Company's Name
Grand Palazzo III, L.L.C.

10/13/03

2. Principal Office Address	3. Mailing Office Address
1428 Brickell Avenue	
Suite, Apt. #, etc.: Eighth Floor	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State
Zip: 33131 Country: USA	Zip Country

4. State/Country of Formation: Florida
5. Date Organized or Qualified To Do Business in Florida: 2001
6. FEI Number: 65-1146753 ☐ 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: Joshua D. Manaster, Esquire
Street Address (P.O. Box Number is Not Acceptable): 1428 Brickell Avenue, Miami, Florida 33131
Suite, Apt. #, Etc.: Eighth Floor
City: Miami State: FL Zip Code: 33131

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 _____
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	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 01096-023
			$150.00

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: Gerardo Cisneros Date: 10/6/03 Daytime Phone #: 305-858-2454

Typed or printed name of signing Managing Member/Manager: GERARDO CISNEROS