

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Jim S. ...
Secretary of State
DIVISION OF CORPORATIONS

FILED

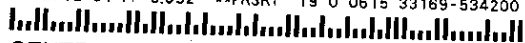
1. DOCUMENT # L01000018120

Name and Mailing Address

2002 DEC 31 AM 8:03

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

0002752 01 FP 0.352 **PRSR7 T9 0 0615 33169-534200

CENTRAL PARK SOUTH L.C.
600 N.W. 167TH ST.
MIAMI FL 33169-5342

2. New Mailing Address

2 NE 160 st
City, State, Zip
Miami, FL 33162

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

10/22/2001

Principal Place of Business

600 N.W. 167TH ST.
MIAMI FL 33169

3. New Principal Place of Business Address

2 NE 160 st
City, State, Zip
Miami, FL 33162

6. FEI Number

☒ Applied For☐ Not Applicable7. CERTIFICATE OF STATUS DESIRED ☐\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

ALONSO, ELMY
600 N.W. 167TH ST.
MIAMI FL 33169

9. Name and Address of New Registered Agent

Name

ELMY ALONSO

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

2 NE 160 ST

City

Miami

FL

Zip 33162

10. 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 12/20/02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	ELMY ALONSO	2 NE 160 ST	MIAMI FL 33162

400009749114
12/31/02 01005 016 **150.00

REINSTATEMENT 2002

12. 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 12/12/02

Daytime Phone # 305 968 4200

Typed or printed name of signing Managing Member/Manager