

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA

DEPARTMENT OF STATE

Small

Business

Corporation

L01000021029

FILED
Am

02 NOV 27 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000021029

Name and Mailing Address

0002339 01 FP 0.352 **PRSR TB 0 0615 33150-240700



LIBERTY CITY DEVELOPMENT ASSOCIATES, LLC
8700 N.W. 5TH AVE.
MIAMI FL 33150-2407



2. New Mailing Address

City, State, Zip

Principal Place of Business

8700 N.W. 5TH AVE.
MIAMI FL 33150

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

12/06/2001

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

WASHINGTON, LYNN C
701 BRICKELL AVE., STE. 3000
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name

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

300009239273

11/27/02--01049--005 **150.00

City

FL

Zip Code

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

LYNN C. WASHINGTON /s/

Date

REGISTERED AGENT MUST SIGN

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 | FAIR, TALMADGE W | 8700 N.W. 25TH AVE. | MIAMI FL 33150 |
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REINSTATEMENT 2002

MR

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

LYNN C. WASHINGTON

Date

11/21/02

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)