

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 APR 15 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LO1 000021816

1. Limited Liability Company's Name

BAY HARBOR TOWER, LLC

500175903455
04/15/10--01002--016 **516.25

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #

2875 NE 191 ST

Suite, Apt. #, etc.

801

3. Mailing Office Address

2875 NE 191 ST

Suite, Apt. #, etc.

801

City & State

AVENTURA, FLORIDA

City & State

AVENTURA, FLORIDA

Zip

33180

Country

U.S.A.

Zip

33180

Country

U.S.A.

4. State/Country of Formation

Florida, U.S.A.

5. Date Organized or Qualified
To Do Business in Florida

12/17/2001

6. FEI Number

651159822

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

SERBER DANIEL, ESQ.

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

2875 NE 191 ST

Suite, Apt. #, Etc.

801

City

AVENTURA

State

FL

Zip Code

33180

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

4/8/10

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 | WEINSTEIN Ricardo | 2875 NE 191 ST #801 | Aventura, FL, 33180 |
| MGR | DJMAL Ricardo | 2875 NE 191 ST #801 | Aventura, FL, 33180 |
| MGR | BRAVEN Jorge | 2875 NE 191 ST #801 | Aventura, FL, 33180 |
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11. E-mail Address.

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

4.7.10

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

RICARDO DJMAL