B. Name and Address of Current Registered Agent     Section 2. Name and Address of New Registered	🛦 Tear Here 🔺
FG       FILED         REVSTERET       OB FEB 26         Name and Mailing Address       SECRETARY OF STAT TALLAHASSEE, FLORI         0008450 01 FP 0.352       PRSRT H6 0 0615 33134-572195         Indiminical individual indinindividual individual indinindindividual individual indi	M.
1. DOCUMENT # L01000022626       SECFETARY OF STAT TALLAHASSEE, FLORI         Name and Mailing Address       0008450 01 FP 0.352 ***PRSRT H6 0 0615 33134-572195       SECFETARY OF STAT TALLAHASSEE, FLORI         MOSAVI, LLC.       550 BILTMORE WAY       02/26/0301048021         SUTE 1120       CORAL GABLES FL 33134-5721       02/26/0301048021         US       US       4. State/Country of Formation FL         Principal Place of Business       4. State/Country of Formation FL         Sty: State, Zip       5. Date Organized or Qualified To Do Business Address         6: FEI Number       6: FEI Number         6: 900 SOUTH DIXIE HIGHWAY       City, State, Zip         WIAMI FL 33143       City, State, Zip         8: Name and Address of Current Registered Agent       9: Name and Address of New Registered	25
0006450 01 FP 0.352 **PRSRT H6 0 0615 33134-572195       02/26/0301048021         MOSAVI, L.L.C.       550 BILTMORE WAY         SUITE 1120       CORAL GABLES FL 33134-5721         US       4. State/Country of Formation         FL       5. Date Organized or Qualified         To Do Business in Florida       5. Date Organized or Qualified         Principal Place of Business       3. New Principal Place of Business Address         6290 SOUTH DIXIE HIGHWAY       City, State, Zip         VS       7. CERTIFICATE OF STATUS DESIRED         8. Name and Address of Current Registered Agent       9. Name and Address of New Registered	
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SUITE 1120 CORAL GABLES FL 33134-5721         US         2. New Mailing Address         ity. State, Zip         fity. State, Z	513 **200.00
2. New Mailing Address     4. State/Country of Formation     FL      City. State, Zip     5. Date Organized or Qualified     To Do Business in Florida     7.     City, State, Zip     6. FEI Number     6290 SOUTH DIXIE HIGHWAY     MIAMI FL 33143     US     8. Name and Address of Current Registered Agent     9. Name and Address of New Registered	
City. State, Zip       5. Date Organized or Qualified To Do Business in Florida         Principal Place of Business       3. New Principal Place of Business Address         6290 SOUTH DIXIE HIGHWAY       3. New Principal Place of Business Address         MIAMI FL       33143         US       7. CERTIFICATE OF STATUS DESIRED         8. Name and Address of Current Registered Agent       9. Name and Address of New Registered	
Principal Place of Business       To Do Business in Florida         Principal Place of Business       3. New Principal Place of Business Address         6290 SOUTH DIXIE HIGHWAY       Image: State and Address of New Registered Agent         8.       Name and Address of Current Registered Agent       9. Name and Address of New Registered Agent	12/27/2001
6290 SOUTH DIXIE HIGHWAY       City, State, Zip       7.         MIAMI FL 33143       City, State, Zip       7.         US       8.       Name and Address of Current Registered Agent       9. Name and Address of New Registered	12/27/2001
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered	Applied For Not Applicable
	for a Certificate of Status
WEISENFELD & ASSOCIATES, P.A.       Name         550 BILTMORE WAY       Street Address (P.O. Box Number is Not Acceptable)         SUITE 1120	
City <b>F</b> 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 RegistereAgent RegistereAgent Registered Agent RegistereAgent Reg	
Names and Street Addresses of Each Managing Member/Manager           Title(s)         Name of Managing         Street Address of Each         City / St	
Merets/ Members/Managers Managing Member/Manager City / St MGR WARMAN, RICARDO 6290 SOUTH DIXIE HIGHWAY MIAMI FL 33143	late / Zip
	-13
REINSTATEMENT OF	
2. 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 filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 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 has if made under oath.          ignature of lanaging Member/Manager       Date       2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/	

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