L02000003041

Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT

CENTURY PRESTIGE I, LLC

RECEIVED
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TALLAHASSEE, FLORIDA

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 SEP 10 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/06)

DOCUMENT # L02000003041

1. Limited Liability Company's Name

CENTURY PRESTIGE I, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2301 NW 87 AVENUE	SAME
Suite, Apt. #, etc.: 6TH FLOOR	Suite, Apt. #, etc.:
City & State: MIAMI	City & State:
Zip: 33172 Country: FL	Zip: Country:

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 02/07/2002

6. FEI Number: 352159947 ☐ 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: CATHERINE BURNS

Street Address (P.O. Box Number is Not Acceptable): 2301 NW 87 AVENUE

Suite, Apt. #, Etc.: 6TH FLOOR

City: MIAMI State: FL Zip Code: 33172

☐ 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 605, F.S.

Signature of Registered Agent: Catherine Burns Date: 9/9/09

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	PINO, SERGIO	2301 NW 87 AVENUE, 6TH FLOOR	MIAMI, FL 33172

REINSTATEMENT 2006-09

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 605, 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 605.0108, 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: [signature] Date: 09.10.09 Daytime Phone #: 305.599.8100

Typed or printed name of signing Managing Member/Manager: SERGIO PINO