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01/10/2005 16:07 3057899201 FOWLER WHITE BURNETT PAGE 02/02

Audit No. H05000006901 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000005850

1. Limited Liability Company's Name
MANGROVE REALTY MANAGEMENT, LC

2. Principal Office Address		3. Mailing Office Address	
C/O 1395 BRICKELL AVE		C/O 1395 BRICKELL AVE	
Suite, Apt. #, etc. 14TH FLOOR-FKL		Suite, Apt. #, etc. 14TH FLOOR-FKL	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33131	Country USA	Zip 33131	Country USA

4. State/Country of Formation FLORIDA

5. Date Organized or Qualified To Do Business in Florida 03/12/2002

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

Name: LICKSTEIN, FRED K., ESQ.

Street Address (P.O. Box Number is Not Acceptable): 1395 BRICKELL AVE.

Suite, Apt. #, Etc.: 14TH FLOOR

City: MIAMI | State: FL | Zip Code: 33131

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: Fred K. Lickstein REGISTERED AGENT MUST SIGN Date: 01/10/2005

CR2E041 (10/02)

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	VALET, GALE	101425 OVERSEAS HWY. PMB 814	KEY LARGO, FL 33037
		REINSTATEMENT	03-05
		No	

11. 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: Gale Valet Date: 01/10/2005 Daytime Phone #:

Typed or printed name of signing Managing Member/Manager: GALE VALET

Audit No. H05000006901 3

Florida Department of State

Division of Corporations
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LIMITED LIABILITY REINSTATEMENT

MANGROVE REALTY MANAGEMENT, LC

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