

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 FEB -3 PM 1:18

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L02000007321

1. Limited Liability Company's Name

Le Phare Unit 26 LLC
110 Cape Florida Drive

Key Biscayne, FL 33149

2. Principal Office Address

798 Crandon Blvd.

Suite, Apt. #, etc.
26

City & State

Key Biscayne FL

Zip

33149

Country

U.S.

3. Mailing Office Address

110 Florida Drive

Suite, Apt. #, etc.

City & State

Key Biscayne FL

Zip

33149

Country

U.S.

4. State/Country of Formation
Florida

5. Date Organized or Qualified

To Do Business in Florida - 3/27/02

6. FEI Number 27-0020778

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

World Corporate Services, Inc.

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

2665 South Bayshore Drive

Suite, Apt. #, Etc.

Suite 703

City

Miami

State
FL

Zip Code
33133

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

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	Enrique Dillon	110 Cape Florida Drive	Key Biscayne FL 33149
MGR	Astrid Gotthold	110 Cape Florida Drive	Key Biscayne FL 33149

REINSTATEMENT 2003-2004

w/o penalty

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

Date

1/22/04

Daytime Phone #

305-858-9900

Typed or printed name of signing Managing Member/Manager

Enrique Dillon

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**LE PHARE UNIT 26 LLC.
110 Cape Florida Drive
Key Biscayne, Florida 33149**

January 22, 2004

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Attn: Reinstatement Division

Re: Le Phare Unit 26 LLC, a Florida LLC (the "Company")

Dear Sir or Madam:

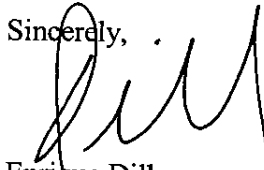
As our office advised your department, the Company never received the Annual Report for the 2002 calendar year. Thus, we respectfully request that the Company be reinstated and that the reinstatement penalty fee be waived.

In accordance with the instructions received, enclosed herewith please find the following in order to reinstate the Company with the Florida Secretary of State:

1. State of Florida Application For Reinstatement; and
2. Check no. 169 payable to the Secretary of State in the amount of \$100.00 to cover the Filing Fee of \$50.00 for the 2002 and 2003 calendar year.

Your assistance in this matter is greatly appreciated.

Sincerely,



Enrique Dillon
Manager