

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUL -1 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L02000007951**

1. Limited Liability Company's Name

Cityscapes Group LLC

2. Principal Office Address

70 NW 105 St

Suite, Apt. #, etc.

3. Mailing Office Address

70 NW 105 St

Suite, Apt. #, etc.

City & State

Miami Shores

City & State

Miami Shores

Zip

33150

Country

Zip

33150

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

Feb. 2003

6. FEI Number

00-030426691

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

Victor Morales

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

70 NW 105 St

Suite, Apt. #, Etc.

City

Miami Shores

State

FL

Zip Code

33150

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

Victor Morales

REGISTERED AGENT MUST SIGN

Date

5/24/2004

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
MGRM	Victor Morales	70 NW 105 St	Miami Shores 33150
			100037337961
			05/26/04--01048--001 **155.00

REINSTATEMENT 2003-2004

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

Victor Morales

Date

5/24/2004

Daytime Phone #

305 3034190

Typed or printed name of signing Managing Member/Manager

Victor Morales

CR2E041 (10/02)