

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 NOV 10 AM 10:52

1. DOCUMENT # L02000010254  
Name and Mailing Address

0000032 01 AV 0.278 \*\*AUTO T1 0 0615 33131-350130  
VILA RESIDENCES LLC  
1401 BRICKELL AVENUE, SUITE 530  
MIAMI FL 33131-3501

100024529761  
11/10/03--01009--002 \*\*150.00



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 04/29/2002	
Principal Place of Business 1401 BRICKELL AVENUE, SUITE 530 MIAMI FL 33131	3. New Principal Place of Business Address City, State, Zip	6. FEI Number	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent DOWNING, WILLIAM 1401 BRICKELL AVENUE, SUITE 530 MIAMI FL 33131	9. Name and Address of New Registered Agent Name <u>LUIS PARASON</u> Street Address (P.O. Box Number is Not Acceptable) <u>1401 BRICKELL AVENUE</u> <u>SUITE 530</u> City <u>MIAMI</u> FL <u>33131</u>
--	---

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 Luis Parason REGISTERED AGENT MUST SIGN Date Oct 29 2003

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>MD</u>	<u>LUIS PARASON</u>	<u>1401 Brickell Avenue Suite 530</u>	<u>Miami FL 33131</u>

REINSTATEMENT 03  
dec

12. 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 Luis Parason REGISTERED AGENT MUST SIGN Date Oct 29 2003 Daytime Phone # 305 491 6112  
Typed or printed name of signing Managing Member/Manager LUIS PARASON

CRE084 (7/03)