


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2009 JAN -7 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700139886577
01/07/09--01037--011 **521.25
CR2E041 (10/08)

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # L02000011123

1. Limited Liability Company's Name

Newcomb Properties #5, L.L.C.

2. Principal Office Address - No P.O. Box #

5909 Turin Street

Suite, Apt. #, etc.

City & State

Coral Gables, Florida

Zip

33146

Country

USA

3. Mailing Office Address

5909 Turin Street

Suite, Apt. #, etc.

City & State

Coral Gables, Florida

Zip

33146

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified

To Do Business in Florida 5/3/2002

6. FEI Number

050560228

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
James A. Molans

Street Address (P.O. Box Number is Not Acceptable)
5901 SW 74th Street

Suite, Apt. #, Etc.
400

City
South Miami

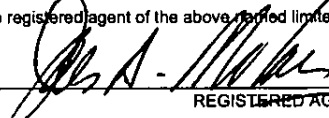
State
FL

Zip Code
33143

☐ 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 608, F.S.

Signature of
Registered Agent



REGISTERED AGENT MUST SIGN

Date January 5, 2008

10. Names and Street Addresses of Managing Members/Managers

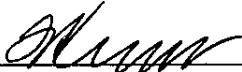
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Fred W. Newcomb	5909 Turin Street	Coral Gables, FL 33146

REINSTATEMENT

07-07
JL

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 1-6-09

Daytime Phone (305) 4669-9670

Typed or printed name of signing Managing Member/Manager Fred W. Newcomb