


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b>
		<b>Secretary of State</b> DIVISION OF CORPORATIONS

**DOCUMENT #** 4-02000012813

**1. Limited Liability Company's Name**

PALERMO PROPERTY, L.L.C.

**2. Principal Office Address**

355 Palermo Avenue

Suite, Apt. #, etc.

**City & State**

Coral Gables

**Zip**

33134

**Country**

USA

**3. Mailing Office Address**

355 Palermo Avenue

Suite, Apt. #, etc.

**City & State**

Coral Gables

**Zip**

33134

**Country**

USA

**4. State/Country of Formation**

Florida

**5. Date Organized or Qualified  
To Do Business in Florida**

6/02

**6. FEI Number**

03-0447798

**Applied For**

Not Applicable

**7.**

CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

900028216369

04/14/04--01020--025 \*\*50.00

**8. Name and Address of Current Registered Agent**

**Name**

Paul M. Cummings

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

1428 Brickell Avenue

**Suite, Apt. #, Etc.**

400

**City**

Miami

**State**

FL

**Zip Code**

33131

900028216369

02/04/04--01052--017 \*\*150.00

**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**

*Paul M. Cummings*

**Date**

1/28/04

REGISTERED AGENT MUST SIGN

**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	Alejandro Alvarez	355 Palermo Avenue	Coral Gables, FL 33134

REINSTATEMENT 03-04

**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**

*A S*

**Date**

2/1/04

**Daytime Phone #**

**Typed or printed name of signing Managing Member/Manager**