


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

MAR 30 2004

**DOCUMENT #** 4-02000012813

1. Limited Liability Company's Name  
**PALERMO PROPERTY, L.L.C.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900028216369  
04/14/04--01020--025 \*\*50.00

2. Principal Office Address 355 Palermo Avenue Suite, Apt. #, etc.		3. Mailing Office Address 355 Palermo Avenue Suite, Apt. #, etc.	
City & State Coral Gables		City & State Coral Gables	
Zip 33134	Country USA	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 <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

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

Name Paul M. Cummings		900028216369	
Street Address (P.O. Box Number is Not Acceptable) 1428 Brickell Avenue		02/04/04--01052--017 **150.00	
Suite, Apt. #, Etc. 400			
City Miami	State FL	Zip Code 33131	

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 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

CR2E041 (10/02)