PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 NOV -7 PM 1:19

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000015357

300025068293
11/26/03--01024--012 **155.00

1. Limited Liability Company's Name
115 E. SAN MARINO, LLC

2. Principal Office Address	3. Mailing Office Address
419 Arthur Godfrey Road	419 Arthur Godfrey Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Beach, Florida	City & State: Miami Beach, Florida
Zip: 33140 Country: United States	Zip: 33140 Country: United States

4. State/Country of Formation: Florida, United States

5. Date Organized or Qualified To Do Business in Florida: 06/19/2002

6. FEI Number: 75-3068204 ☐ 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: Neal S. Litman, P.A.

Street Address (P.O. Box Number is Not Acceptable): 2900 SW 28th Terrace

Suite, Apt. #, Etc.: Grove Plaza ~ Second Floor

City: Coconut Grove State: FL Zip Code: 33133

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 _____ Date 10/30/03
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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	Percal, Esther	419 Arthur Godfrey Road	Miami Beach, Florida 33140

REINSTATEMENT 03-cw dcc

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 10/30/03 Daytime Phone # (305)674-4022

Typed or printed name of signing Managing Member/Manager _____

LAW OFFICES OF
NEAL S. LITMAN P.A.

RICHARD E. DEUTCH, JR.
NEAL S. LITMAN
ROBERT J. NEMROW
CHARLES E. SAMMONS

NEAL@LITMANLAWYER.COM

TELEPHONE: 305-441-9000
TELECOPIER: 305-441-1991
GROVE PLAZA BUILDING ~ SECOND FLOOR ~ 2900 S.W. 28 TERRACE ~ COCONUT GROVE, FL 33133

November 4, 2003

Via U.S. Priority Mail

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, Florida 32314

Re: 115 E. San Marino, LLC
Our File No.: 2454.07B

Dear Sir or Madam:

Attached herewith please find check # 1106 in the sum of $ 155.00 and the completed Limited Liability Company Reinstatement form in connection with the above captioned matter. This sum represents the required reinstatement fee of $150.00 plus the $5.00 fee for a certificate of status.

Thank you for your prompt attention to this matter.

Very truly yours,

Neal S. Litman, P.A.

By: _____
Isabel C. Mujica
Executive Assistant to
Neal S. Litman, Esq.

/icm
Enclosures as noted.

cc: Ms. Esther Percal *(Via Facsimile No. : 305-674-4078)*
P:\CLIENTS\24002600\2454.07B\Let to Dept of state - reinstatement