

FEB. -02 04 (MON) 12:05

RAFFERTY, HART, STOLZENBERG, GELLES

TEL: 305 373 2735

AND
FILED

P. 002/002

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

04 FEB -2, AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDALIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000018705

1. Limited Liability Company's Name

Riverfront Village, LLC

2. Principal Office Address

1401 Brickell Avenue

Suite, Apt. #, etc.

Suite 825

City & State

Miami, FL

Zip

33131

Country

USA

3. Mailing Office Address

1401 Brickell Avenue

Suite, Apt. #, etc.

Suite 825

City & State

Miami, FL

Zip

33131

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

07/24/2002

6. FEI Number

None

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

Brian A. Hart, c/o Rafferty, Hart, Stolzenberg, Gelles & Tenenholtz, P.A.

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

1401 Brickell Avenue

Suite, Apt. #, Etc.

Suite 825

City

Miami

State
FLZip 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

REGISTERED AGENT MUST SIGN

Date Jan. 30, 2004

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
MGRM	J. Kevin Reilly	1401 Brickell Avenue, Suite 825	Miami, FL 33131

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 01/30/2004

Daytime Phone # 305-298-9788

Typed or printed name of signing Managing Member/Manager

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