DEC-04-2003 THU 04:43 PM FAX NO

L02000018897

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 16 PM 12:57

LL 12/29

300025581933-
12/16/03--01055--018 **150.00

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000018897

1. Limited Liability Company's Name

NOVECENTO MIAMI LLC
REINSTATEMENT 2003

2. Principal Office Address	3. Mailing Office Address
1080 Alton Road	1080 Alton Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI BEACH FL	City & State: MIAMI BEACH FL
Zip: 33139 Country: USA	Zip: 33139 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 7/25/02

6. FEI Number: 16-1627509 ☐ 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: HECTOR ROLOTTI

Street Address (P.O. Box Number is Not Acceptable): 33 F Venetian Way

Suite, Apt. #, Etc.: 81

City: Miami Beach State: FL Zip Code: 33139

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: [signature] — REGISTERED AGENT MUST SIGN Date: 12/8/03

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	HECTOR ROLOTTI	33 F Venetian Way Apt 81	Miami Beach FL 33139
	REINSTATEMENT 2003		

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: [signature] Date: 12/8/03 Daytime Phone #: (305) 588-8860

Typed or printed name of signing Managing Member/Manager: HECTOR ROLOTTI