

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

2007 SEP 28 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000025166

1. Limited Liability Company's Name

115 PARTNER, LLC

REINSTATEMENT 2007

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # 200 S. BISCAYNE BLVD.		3. Mailing Office Address 200 S. BISCAYNE BLVD.	
Suite, Apt. #, etc. SUITE 3800		Suite, Apt. #, etc. SUITE 3800	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA	
Zip 33131	Country	Zip 33131	Country

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 9/25/2002	
6. FEI Number 14-1848216	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
Renaldy J. Gutierrez

Street Address (P.O. Box Number is Not Acceptable)
601 Brickell Key Drive

Suite, Apt. #, Etc.
SUITE 201

City
MIAMI, FLORIDA

State
FL

Zip Code
33131

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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.

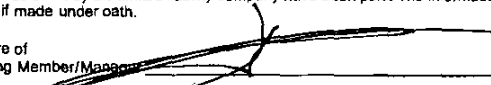
Signature of Registered Agent  Date 9-26-07 LS

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
MGRM	HOWARD, HENRY B.	3800 S. BISCAYNE BLVD, SUITE 3800	MIAMI, FLORIDA 33131

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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 8/23/07 Daytime Phone # 786 777 0300

Typed or printed name of signing Managing Member/Manager X 7103