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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000026329

1. Limited Liability Company's Name

ISLES LLC

REINSTATEMENT 2004-2005

2. Principal Office Address	3. Mailing Office Address	4. State/ Country of Formation
1300 Brickell Avenue	1300 Brickell Avenue	Florida
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Date Incorporated or Qualified To Do Business in Florida: 10/07/2002
City & State: Miami, Florida	City & State: Miami, Florida	6. FEI Number: 14-1851129 ☐ Applied For ☐ Not Applicable
Zip: 33131 Country: USA	Zip: 33131 Country: USA	7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and address of Current Registered Agent

Name: Milagros Sanchez

Street Address (P.O. Box Number is Not Acceptable): 1300 Brickell Avenue

Suite, Apt. #, Etc.:

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 section 608, F.S.

Signature of Registered Agent: Milagros Sanchez Date:

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Members/ Managers	City / State / Zip
MGRM	Edgardo Defortuna	1300 Brickell Avenue	Miami, Florida 33131

10. I hereby certify that I am managing/ member 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 corporate name satisfies the requirements of section 608.400, 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: Edgardo Defortuna, Member

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/MANAGER — Date — Daytime Phone #

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Florida Department of State

Division of Corporations
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LIMITED LIABILITY REINSTATEMENT

ISLES LLC

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