

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000028125

1. Limited Liability Company's Name

City Solutions Miami, LLC

2. Principal Office Address

1565 Las Tunas Road

Suite, Apt. #, etc.

3. Mailing Office Address

1565 Las Tunas Road

Suite, Apt. #, etc.

City & State

Montecito, CA

City & State

Montecito, CA

Zip

93108

Country

USA

Zip

93108

Country

USA

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

October 23, 2002

6. FEI Number

EIN #02-0648959

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

MICHAEL E. NEUKAMM

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

301 E. PINE STREET

Suite, Apt. #, Etc.

SUITE 1400

City

ORLANDO

State

FL

Zip Code

32801

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**

Michael E. Neukamm

REGISTERED AGENT MUST SIGN

Date 12/2/03

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	J. David Hughes	1565 Las Tunas Road	Montecito, CA 93108
Mgr	TOM TRENTO	2907 CORMORANT ROAD	DELRAY BEACH, FL 33444

REINSTATEMENT 2003

hkc

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**

J. David Hughes

Date 11/21/2003

Daytime Phone # 805 969-2294

Typed or printed name of signing Managing Member/Manager

J. DAVID HUGHES

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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