

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

FILED

2004 FEB 23 PM 3:12

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000030937

Name and Mailing Address

0005849 01 AT 0.292 \*\*AUTO T3 0 0615 33132-145244



JOSHUA TREE ESTATES LLC  
555 N.E. 15TH STREET, SUITE 7719  
MIAMI FL 33132-1452

200027362602  
01/21/04--01084--014 \*\*200.00



2. New Mailing Address

City, State, Zip

Principal Place of Business

555 N.E. 15TH STREET, SUITE 7719  
MIAMI FL 33132

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation  
FL

5. Date Organized or Qualified  
To Do Business in Florida

11/18/2002

6. FFI Number

86-1091477

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

GIBBS, SALAAM  
555 N.E. 15TH STREET, SUITE 7719  
MIAMI FL 33132

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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

*SALAAM* **REQUIRED**

Date

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

| Title(s) | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|----------|-----------------------------------|--|--------------------|
| MGRM     | GIBBS, VAN                        | 555 N.E. 15TH STREET, SUITE 7719               | MIAMI FL 33132     |
| MGRM     | GIBBS, SALAAM                     | 555 N.E. 15TH STREET, SUITE 7719               | MIAMI FL 33132     |
|          |                                   |  |                    |
|          |                                   |  |                    |
|          |                                   |  |                    |
|          |                                   |  |                    |
|          |                                   |  |                    |

REINSTATEMENT

2003-2004

12. 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

*SALAAM* **REQUIRED**

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager