| L PUEA SERIEAR | ALL NSTRUC | TIONS BEFORE | COMPLETIN | APPRUY AND IG THIS FÖRM . | |
|--|------------------------|---|------------------|--|---|
| LIMITED LIABILITY | 51.00103.0504 | | 7 | 03 NOV 24 A | |
| COMPANY | | RTMENT OF STATE ary of State | | | |
| REINSTATEMENT | • | CORPORATIONS | | SECRETARY D TALLAHASSEE | .FLORIDA |
| DOCUMENT #L 0200 | 00 331 | 61 | 1 | | |
| 1. Limited Liability Company's Name Quinta Altamia | a Smeet | mont d | | | 7+32 |
| Davelogment, L. L.C | | | ez:338 | MATERIE | 1.40 |
| 2. Principal Office Address | 3. Mailing Office Addr | ress | 180000 | | |
| 2930 Del trado | 0.12 1.1 1.12 | | 4. State/Country | of Formation | , |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | Suite, Apr. #, etc. | | ed or Qualified | |
| City & State | City & State | | 6. FEI Number | | Applied For |
| Cape Corol, II | Zip | Country | <u> </u> | | Not Applicable |
| 33904 It Myers | | Country | CERTIFICATE O | | Additional Fee required a Certificate of Status |
| | 8. Name and | Address of Current Registe | red Agent | | |
| Name | dien- | Rojas | 7 11/0 | 00024947 | 725 † 3 ** 50.00 |
| Street Address (P.O. Box Number is No. 4 | at Acceptable) | lace | | -11010 -10 10 | |
| Suite, Apt. #, Etc. | | <u> </u> | | | |
| Mantalion. | 11 32 | 5324 | | State Zip Code | ~~~~ |
| 9. I, being appointed the registered agent of the abo | | | | 1 3.30 B | |
| Signature of Registered Agent | GISTERED AGENT MUS | lois | | Date 11/20 | COZ CRZE041 (10/02) |
| 10. Names and Street Addresses of Managing Men | nbers/Managers | | | | |
| Titles Name of Managing Members/Manage | ers | Street Address of Each Managing Member/Manager | | City / State | / Zip |
| a Marla Nia | Rain 1 106! | 50 N.W. 1 | 7 Place | llastation | 11 3332v |
| VP Carlos loias | و الما | 10. N.W.10 | 36 Que | 0 h A A: | 112702 |
| in carros kajas | y Se | 16, marran | 35324 | Mariana, | 17 DESERVE |
| | | | | | |
| | | | | <u> </u> | |
| · | , l | | | | MD |
| | | | | · | - Al |
| 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 Manager Manager Manager Manager Date 1120103 Daytime Phone # 954-476-7675 | | | | | |
| Typed or printed name of signing Managing Member/Manager NGSNa Dixon Roje S | | | | | |