L03000001114

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 OCT 28 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400060992424

CR2E081 (6/05)

DOCUMENT # L03000001114

1. Corporation Name
Miami Links, LLC

2. Principal Office Address	3. Mailing Office Address
100 SE 2nd Street	100 SE 2nd Street
Suite, Apt. #, etc. 2610	Suite, Apt. #, etc. 2610
City & State Miami, FL	City & State Miami, FL
Zip 33131 Country USA	Zip 33131 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 1/9/03

5. FEI Number 38-3709382 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street
Suite, Apt. #, Etc:
City: Tallahassee State: FL Zip Code: 32301

8. I being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503 F.S.

Signature of Registered Agent: Brian Courtney
Asst. V. Pres
REGISTERED AGENT MUST SIGN
Date 10/28/05

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Managing Member	Rosa Serrano De Oca	100 SE 2nd St. Suite 2610	Miami, FL 33131

REINSTATEMENT 2005

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, 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 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: Rosa Serrano De Oca 10/27/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CSC.

CORPORATION SERVICE COMPANY

L03000001114

ACCOUNT NO. : 072100000032

REFERENCE : 676728 7409300

AUTHORIZATION : Patricia Piggott

COST LIMIT : $ 150.00

ORDER DATE : October 27, 2005

ORDER TIME : 8:55 AM

ORDER NO. : 676728-005

CUSTOMER NO: 7409300

FILED
05 OCT 28 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: MIAMI LINKS, LLC

RECEIVED
05 OCT 28 AM 11:06
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - Ext# 2955

EXAMINER'S INITIALS _____

Form OK
PER BT