

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUN 13 AM 10:54

DOCUMENT # L03000002530

1. Limited Liability Company's Name

Floridian 3120, LLC

2. Principal Office Address

2101 W Commercial Boulevard

3. Mailing Office Address

2101 W Commercial Boulevard

Suite, Apt. #, etc.

Suite 2800

Suite, Apt. #, etc.

Suite 2800

City & State

Fort Lauderdale, Florida

City & State

Fort Lauderdale, Florida

Zip

33309

Country

USA

Zip

33309

Country

USA

4. State/Country of Formation

USA

5. Date Organized or Qualified
To Do Business in Florida

01/21/2003

6. FEI Number

593764897

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

Robert S. Forman, P.A.

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

2101 W Commercial Boulevard

Suite, Apt. #, Etc.

Suite 2800

City

Fort Lauderdale, Florida

State

FL

Zip Code

33309

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

Date

6/7/06

REGISTERED AGENT MUST SIGN

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	Floridian Estate Builders, LLC	2101 W Commercial Blvd., #2800	Fort Lauderdale, Florida 33309

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

Date

6/7/06

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Kenneth L. Shimm

REINSTATEMENT 05-06