

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 MAR 10 AM 9:04

DOCUMENT #

L03 000004559

1. Limited Liability Company's Name

1907 Ocean One, LLC

2. Principal Office Address

19333 Collins Avenue

Suite, Apt. #, etc.

Unit 1907

City & State

Sunny Isles Beach, FL

Zip

33160

Country

U.S.A.

3. Mailing Office Address

C/O Monahan, 4000 Ponce de Leon Blvd.

Suite, Apt. #, etc.

Suite 470 Office Number 5

City & State

Coral Gables, FL

Zip

33146

Country

U.S.A.

CR2E041 (8/05)

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

02/06/03

6. FEI Number

☒ 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

Roark R. Monahan

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

4000 Ponce de Leon Blvd.

Suite, Apt. #, Etc.

Suite 470 Office Number 5

City

Coral Gables

State

FL

Zip Code

33146

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

REGISTERED AGENT MUST SIGN

Date

3/7/06

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	Jacobo Toledano	19333 Collins Avenue Unit 1907	Sunny Isles Beach, FL 33160
MGR	Fortuna Frewa de Toledano	19333 Collins Avenue Unit 1907	Sunny Isles Beach, FL 33160

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

3/7/06

Daytime Phone #

(511) 302-2377

Typed or printed name of signing Managing Member/Manager Jacobo Toledano