

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
05 NOV 29 AM 10:27

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L03000006988**

1. Limited Liability Company's Name

MB FLAGLER PROPERTY, LLC

2. Principal Office Address

1365 NE 204TH TERR

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33179

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E041 (8/05)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

2/25/03

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

MARCELA BIANCHINI

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

1365 NE 204TH TERR

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33179

300061746733

11/29/05--01028--006 **205.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/22/05

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
MEM	MARCELA BIANCHINI	1365 NE 204TH TERR	MIAMI FL 33179

REINSTATEMENT 04-05

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

[Signature]

Date

11/22/05

Daytime Phone #

305-321-8582

Typed or printed name of signing Managing Member/Manager