PLEASE DEAD ALL INSURVICIONS BEFORE COMPLETING TO FORM.

LIMITED LIABILITY							
COMPANY							
REINSTATEMENT							



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

SECRETARY OF STATE DIVISION OF CORPORATIONS

10 JAN -8 PM 1:22

\Box	OCL	IMENT	#	L03000017436	5
		AIVII IN I	**		_

1. Limited	Liability Com	pany's Name				X	W_				
MORN	INGSID	E PROPERTY MA	ANAGEME:	NT,	L.L	.c. V	/\				
						0(0	01/0	001 6536)8/1001031()7° ∗693.75
2. Principa	al Office Addre	ess - No P.O. Box #	3. Mailing O	ffice Addr	ess		-		CR2E041 (11	1/09)	
2742 BISCAYNE BLVD 2742 BISCAYNE BLVD							itry of Formation				
Suite, Apt. #, etc. Suite, Apt. #, etc.							FLORIDA				
						5. Date Organized or Qualified To Do Business in Florida 05/14/2003					
City & State			City & State					6. FEI Number Applied For			
MIAMI	L F.T		MIAMI FL					90-0081200 Not App			
Zip 33137	7	Country US	Zip 33137		U	intry S		7. CERTIFICATE	OF STATUS DESIRED		tional Fee required tificate of Status
		8. Name and Address of	Current Regis	ered Age	ent						
Name	NT NAN 171177				١ .	1			reinstatement fee	is impos	sed, except
	N MATZ	x Number is Not Acceptable)		-A	1	$\overline{\langle}$			umstances which		•
		YNE BLVD		W	_/[e the prior notices ou are certifying the		
Suite, Apt.	#, Etc.			Y	Ţ			box, you are certifying the prior notices were not received and requesting the \$100			
City State Zip Code MIAMI FL 33137							reinstatement be waived.				
9. I, being	appointed the	e registered agent of the abov	e.named limite	jiability o	ompan	y, am famili	ar with and a	accept the obligat	ions of Chapter 608, F.S.		
Signature of Registered Agent Date 01/07/2010											
Registered	Agent	RE	GISTIRED	ENT MUS	T SIGN	1			Date	,	
10. Name	es and Street	Addresses of Managing Mem	bers/Managers								
Titles		Name of Managing Members/Manage	rs	Street Address of Each Managing Member/Manag				City / State / Zip			
MGRM	1 RUBEN MATZ			714 NE 59TH STREI				T MIAMI FL 33137			
MGRM	GLADY	S MATZ		714	NE	59TH	STREE	T	MIAMI FL 3	3137	
							70	m(-71	blo		
REINSTATEMENT 2006-2010											
			H TENER "	***		_					
11. ="	Address: PI	JBENMATZ@BELL	SOUTH . N	IET					I		
12. I certify	y that I am ma	anaging member/manager or	the receiver or	(To be use trustee en een elimi	npower	ed to executhe limited li	ability compa	cation as provided any name satisfie	s the requirements of secti	ION 608.406	s, r.S., and that
all fees	s owed by the	limited liability company have	been paid The	information	on indica	ated on this	application i	s true and accura	ite, and my signature shall	have the sa	ame legal effect
Signature o	of Member/Mana	ager — T	111		_0	<u>. </u>	Date 01/0	07/2010 D	aytime Phone # _786-	290-8	3815
		signing Managing Member/	Aanager		Κu	100	Ma	<u> </u>			