

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

10 JUL 29 AM 9:51

DOCUMENT # L03000028232

1. Limited Liability Company's Name

VP Gables, LLC

400183754574
07/28/10--01024--003 **516.25

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 200 Bird Rd		3. Mailing Office Address 200 Bird Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Coral Gables, Fla		City & State Coral Gables, Fla	
Zip 33146	Country USA	Zip 33146	Country USA

4. State/Country of Formation
Florida, USA

5. Date Organized or Qualified
To Do Business in Florida **07/31/2003**

6. FEI Number **20-012-2651** ☐ 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 **Greenberg Traurig P.A.**

Street Address (P.O. Box Number is Not Acceptable)
1221 Brickell Ave

Suite, Apt. #, Etc.

City Miami	State FL	Zip Code 33131
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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 **07/19/2010**

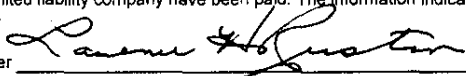
10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Lawrence H Rustin	200 Bird Rd	Coral Gables, Fla. 33146
MGR	Kenneth T. Gorin	200 Bird Rd	Coral Gables, Fla. 33146
MGR	Ugo Colombo	200 Bird Rd	Coral Gables, Fla. 33146

REINSTATEMENT 2008-2010

11. E-mail Address _____
(To be used for future annual report notifications)

12. 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 **07/19/2010** Daytime Phone # **305-476-2001**

Typed or printed name of signing Managing Member/Manager **Lawrence H. Rustin**

T. Hampton III 30 2010

Greenberg Traurig

Ronald Rosengarten, Esq
Email: rosengartenr@gtlaw.com
Tel.: 305-579-0519
Fax: 305-579-0717

July 23, 2010

Via U.S. Mail

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

Re: VP Gables, LLC
Document# L03000028232

To whom it may concern:

Enclosed please find VP Gables, LLC application for Limited Liability Company Reinstatement along with a check made payable to the Department of State in the amount of \$516.25.

Please send confirmation to the undersigned's attention that VP Gables, LLC has been reinstated.

Please do not hesitate to contact me with any questions or concerns,

Very truly yours,


FOR Ronald M. Rosengarten

Enclosure

MIA 181,354,787v1