

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FILED

10 JUN -1 AM 11:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400173150464

03/25/10 01037-004 .. 15000

CR2E041 (11/09)

DOCUMENT # L0300004/088

Fittipaldi Executive Center I, LLC

123 SE 9<sup>th</sup> Ave

SAME

# 352

Miami FL

33(31)

Country

Name \_\_\_\_\_

KASHYAP BAKHAI

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

Address (P.O. Box Number is Not Acceptable)  
MORRISON BROWN ARBIT & FARRA

Suite, Apt. #, Etc.

1001 Brickell Bay Dr 9FL

City

Miami

State

FL

Zip Code

33131

Signature of  
Registered Agent

Date 5/8/10

REGISTERED AGENT MUST SIGN

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Emerson Fittipaldi	735 CRAWFORD Blvd #503	Key Biscayne, FL 33149

900173150469

-03/25/10--01037--004 \*\*750.00

CP25091 (11/00)

REINSTATEMENT

09-10

(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 \_\_\_\_\_

5/8/10

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

N. GURLEY

1 - 220