PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED JUN-1 AMII: 39
DOCUMENT # LO300004/088 1. Limited Liability Company's Name Fithipaldi Executive Center 1, LLC		40	CHETARY OF STATE LAHASSEE, FLORIDA D173150469
Fithipaldi Executi	ive Center 1, LLC	03/25	5/10 01037-004 150
	3. Mailing Office Address	_	CR2E041 (11/09)
123 SE 3 Rd Que	SAME	4. State/Countr	y of Formation
Suite, Apt. #, etc. 5 # 352	Suite, Apt. #, etc.	5. Date Organiz	ed or Qualified
City & State	City & State		ess in Florida
Minmi FL		6. FEI Number 20-0	33 96 4 4 V Not Applicable
Zip Country 7	Zip Country	7. CERTIFICATE C	STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent			
KASHYAP BAKHAI		☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this	
Street Address (P.O. Box Number is Not Acceptable)			
Suite, Apt. #, Etc.	prote 4 Production	-	are certifying the prior notices were eived and requesting the \$100
City State Zip Code			ment be waived.
I City	* EState I Zin Code		
Minmi	FL 33/3/		
9. I, being appointed the regisfered agent of the above	FL 33/3/	accept the obligation	
9. I, being appointed the registered agent of the above Signature of Registered Agent	FL 33/3/ named limited liability company, am familiar with an	accept the obligatio	ns of Chapter 608, F.S. Date
9. I, being appointed the regisfered agent of the above Signature of Registered Agent REGI	FL 33/3/ named limited liability company, am familiar with and	accept the obligatio	
9. I, being appointed the registered agent of the above Signature of Registered Agent 10. Names and Street Addresses of Managing Member	FL 33/3/ named limited liability company, am familiar with and STERED AGENT MUST SIGN STEVEN AGENT MUST SIGN Street Address of Ea		Date 9/8/10
9. I, being appointed the regisfered agent of the above Signature of Registered Agent 10. Names and Street Addresses of Managing Member Titles Name of Managing Members/Managers	FL 33/3/ named limited liability company, am familiar with and STERED AGENT MUST SIGN ers/Managers Street Address of Ea Managing Member/Mar	h ager	Date \$\B\co
9. I, being appointed the regisfered agent of the above Signature of Registered Agent 10. Names and Street Addresses of Managing Member Titles Name of Managing Members/Managers	FL 33/3/ named limited liability company, am familiar with and STERED AGENT MUST SIGN STEVEN AGENT MUST SIGN Street Address of Ea	h ager	Date \$\B\co
9. I, being appointed the regisfered agent of the above Signature of Registered Agent 10. Names and Street Addresses of Managing Member Titles Name of Managing Members/Managers	FL 33/3/ named limited liability company, am familiar with and STERED AGENT MUST SIGN PRIMAR STERES AGENT MUST SIGN Street Address of Ea Managing Member/Mar PRIMAR 735 CARNADO 3/	hager #503	City/State/Zip Key Biscayne, F2 3549
9. I, being appointed the regisfered agent of the above Signature of Registered Agent 10. Names and Street Addresses of Managing Member Titles Name of Managing Members/Managers	FL 33/3/ named limited liability company, am familiar with and STERED AGENT MUST SIGN PRIMA STREET Address of Ea Managing Member/ Mar PRIMA 735 CARNADO 3/	hager d #503	City/State/Zip Key Biscayne, F23849
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9. I, being appointed the regisfered agent of the above Signature of Registered Agent 10. Names and Street Addresses of Managing Member Titles Name of Managing Members/Managers MGKM Emerson Fitti REINSTATEN	FL 33/3/ named limited liability company, am familiar with and STERED AGENT MUST SIGN PRIMA STREET Address of Ea Managing Member/ Mar PRIMA 735 CARNADO 3/	ager d #503 1017:31 /10-01037-	City/State/Zip Key Biscayne, F2 35449 50459 -004 **750.00
9. I, being appointed the regisfered agent of the above Signature of Registered Agent 10. Names and Street Addresses of Managing Member Managing Members/Managers MGRM Emerson Fitti 11. E-mail Address: 12. I certify that I am managing member/manager or the filling this reinstatement application the reason for dis all fees owed by the limited liability company have be as if made under oath.	named limited liability company, am familiar with and STERED AGENT MUST SIGN STERED AGENT MUST SIGN Street Address of Ea Managing Member/Mar PAIdi 735 CAANAbn 3/ U3/25	th ager age	City / State / Zip City / State / Zip Xey Biscayne, F2 33449 50469 -0104 **750.00 or in Chapter 608, F.S. 1 further certify that when he requirements of section 608,406, F.S., and that
9. I, being appointed the regisfered agent of the above Signature of Registered Agent 10. Names and Street Addresses of Managing Member Titles Managing Members/Managers MGRM Emerson Fitti 11. E-mail Address: 12. I certify that I am managing member/manager or the filing this reinstatement application the reason for dis alt fees owed by the limited liability company have be	named limited liability company, am familiar with and STERED AGENT MUST SIGN STERED AGENT MUST SIGN Street Address of Ea Managing Member/Mar PAIdi 735 CAANAbn 3/ U3/25	ons) ication as provided for any name satisfies to is true and accurate	City / State / Zip City / State / Zip Xey Biscayne, F2 33449 50469 -0104 **750.00 or in Chapter 608, F.S. 1 further certify that when he requirements of section 608,406, F.S., and that