PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
2006 JUN -2 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000075828020

CR2E041 (8/05)

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000042125

1. Limited Liability Company's Name
2202 LaPerla, LLC

BK
05

2. Principal Office Address		3. Mailing Office Address	
2600 S. Ocean Blvd.		2600 S. Ocean Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Apt. 20-C		Apt. 20-C	
City & State		City & State	
Boca Raton, FL		Boca Raton, FL	
Zip	Country	Zip	Country
33432	USA	33432	USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 10/31/2003

6. FEI Number: ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED: ☐

8. Name and Address of Current Registered Agent

Name: Florida Filing & Search Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 1333 North Duval Street

Suite, Apt. #, Etc.:

City: Tallahassee | State: FL | Zip Code: 32303

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: K D Hobbs, President — REGISTERED AGENT MUST SIGN — Date: 6/2/06

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/ Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
MGRM member	Abelis Raskas	2600 S. Ocean Blvd. Apt. 20-C	Boca Raton, FL 33432
MGRM member	Eugenia Baumel	2600 S. Ocean Blvd. Apt. 20-C	Boca Raton, FL 33432

REINSTATEMENT 2005-2006

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: Abelis Raskas / E. Baumel — Date: 6-2-2006 — Daytime Phone #:

Typed or printed name of signing Managing Member/Manager: Abelis Raskas

L06000042125

FLORIDA FILING & SEARCH SERVICES, INC.
P.O. BOX 10662 TALLAHASSEE, FL 32302
1333 N. DUVAL STREET, TALLAHASSEE, FL 32303
PHONE: (800) 435-9371; FAX: (866) 860-8395

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2006 JUN -2 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DATE: 06-02-06

NAME: 2202 LAPERLA, LLC

TYPE OF FILING: **REINSTATEMENT**

COST: **$200**

RETURN: 6/2

ACCOUNT: **FCA0000000015**

AUTHORIZATION: **ABBIE/PAUL HODGE**