

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY -1 AM 11:05

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000048037

1. Limited Liability Company's Name

1405 La Perla LLC

2. Principal Office Address

2999 N.E. 191 Street

Suite, Apt. #, etc.

Suite 900

City & State

Aventura, Florida

Zip

33180

Country

3. Mailing Office Address

2999 N.E. 191 Street

Suite, Apt. #, etc.

Suite 900

City & State

Aventura, Florida

Zip

33180

Country

CR2E041 (8/05)

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

11/25/03

6. FEI Number

n/a

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

SCHIFFMAN, ADAM R., ESQUIRE

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

2999 N.E. 191 Street

Suite, Apt. #, Etc.

Suite 900

City

Aventura

State

FL

Zip Code

33180

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

4/28/06

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	SCHIFFMAN, ADAM R.	2999 N.E. 191 Street, #900	Aventura, FL 33180
			300075107013 05/22/06--01059--005 **250.00

REINSTATEMENT 04-06

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

Date

4/28/06

Daytime Phone#

Typed or printed name of signing Managing Member/Manager