Division of Corporations

L03000053670

Florida Department of State
Division of Corporations
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From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LIMITED LIABILITY REINSTATEMENT
PALOMA 2322, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$655.00

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000053670

CR2E041 (1/11)

1. Limited Liability Company's Name
Paloma 2322, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
104 Paloma Avenue	1450 Brickell Avenue, 31st Floor
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Gables, Florida	City & State: Miami, Florida
Zip: 33143 Country: USA	Zip: 33131 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 12/17/2003

6. FEI Number: 201588241 Applied For ☐ Not Applicable ☐

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee is required for a Certified Copy of Status

8. Name and Address of Current Registered Agent

Name: The Corporation Trust Company
Street Address (P.O. Box Number is Not Acceptable): CT Corporation System, 1200 South Pine Island Road
Suite, Apt. #, etc.:
City: Plantation State: FL Zip Code: 33324

E-mail Address: rsiegel@higgcapital.com
(To be used for future annual report notices)

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: Connie Bryan Date: 12/13/2012
REGISTERED AGENT MUST SIGN Assistant Secretary

10. Name(s) and Street Address(es) of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Anthony Tamer	104 Paloma Avenue	Coral Gables, Florida 33143
MGRM	Sandra Tamer	104 Paloma Avenue	Coral Gables, Florida 33143

2009
REINSTATEMENT 2012

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 608.408, 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; I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager: [signature] Date: 12/11/12 Daytime Phone #: 3305-379-2322

Typed or printed name of signing Member/Manager: Anthony Tamer

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