

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 JUN 23 PM 1:15

**DOCUMENT # L04000011848**

1. Limited Liability Company's Name

**SPANISH MISSION 625, LLC**

700131631377  
06/24/08--01038--002 \*\*1942.50

CR2E041 (12/07)

<b>2. Principal Office Address - No P.O. Box #</b> 20871 Johnson Street Suite, Apt. #, etc. #102 City & State Pembroke Pines, Florida Zip 33029		<b>3. Mailing Office Address</b> P.O. Box 297262 Suite, Apt. #, etc. City & State Pembroke Pines, Florida Zip 33029	
Country USA		Country USA	

<b>4. State/Country of Formation</b> Florida	
<b>5. Date Organized or Qualified To Do Business in Florida</b> 02/13/2004	
<b>6. FEI Number</b>	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

<b>8. Name and Address of Current Registered Agent</b>			
Name Brian R. Kopelowitz			
Street Address (P.O. Box Number is Not Acceptable) 200 SW 1st Avenue, 12th Floor			
Suite, Apt. #, Etc.			
City Fort Lauderdale	State FL	Zip Code 33301	

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

6/16/08

**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
MGR	Unlimited Management, LLC	20871 Johnson Street, #102	Pembroke Pines, Florida 33029

FF \$555

REINSTATEMENT  
w/o/p 05-08

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

6/16/08

Daytime Phone#

Typed or printed name of signing Managing Member/Manager

PAMELA ADAMS