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LIMITED LIABILITY REINSTATEMENT

11190 BISCAYNE, LLC

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/07)

DOCUMENT # L04000015372

1. Limited Liability Company's Name
11190 Biscayne, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
11190 Biscayne Boulevard		11190 Biscayne Boulevard	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Miami		City & State: Miami	
Zip: 33181	Country: Miami-Dade	Zip: 33181	Country: Miami-Dade

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: February 26, 2004

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: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.: Suite 310

City: Plantation | State: FL | Zip Code: 33401

☐ 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: Ann Williams Date: December 28, 2007

REGISTERED AGENT MUST SIGN Ann J. Williams, Assistant Vice President

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	John P. Hamill	11190 Biscayne Boulevard	Miami, FL 33181
MGR	Jeffrey P. McMullen	11190 Biscayne Boulevard	Miami, FL 33181
MGR	Thomas J. Newman	11190 Biscayne Boulevard	Miami, FL 33181

REINSTATEMENT

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.

Signature of Managing Member/Manager: [signature] Date: 12/27/2007 Daytime Phone #:

Typed or printed name of signing Managing Member/Manager: John P. Hamill, Manager

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