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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : INCORPORATING SERVICES FL
Account Number : I20050000052
Phone : (302)531-0855
Fax Number : (850)656-7953

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED
10 MAY 28 AM 6:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAY 28 PM 3:11
SECRETARY OF STATE
DIVISION OF CORPORATIONS

LIMITED LIABILITY REINSTATEMENT
3301 MURANO LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$516.25

G. MCLEOD

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JUN 01 2010

EXAMINER

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

10 MAY 28 PM 3:11

SECRETARY OF STATE
DIVISION OF CORPORATIONS

CR2E041 (11/09)

DOCUMENT # L04000018689

1. Limited Liability Company's Name

3301 MURANO LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
400 ALTON Road	400 ALTON ROAD
Suite, Apt. #, etc. 3301	Suite, Apt. #, etc. 3301
City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
Zip 33139 Country USA	Zip 33139 Country USA

4. State/Country of Formation FLORIDA

5. Date Organized or Qualified To Do Business in Florida 03/09/04

6. FEI Number — Applied For — X 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: Incorporating Services, Ltd.

Street Address (P.O. box number is Not Acceptable): 1540 Glenway Drive

Suite, Apt. #, Etc.

City: Tallahassee | State: FL | Zip Code: 32301

☐ 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: Melissa A. Stops Date: 5/28/10

Melissa A. Stops, Assistant Secretary
REGISTERED AGENT MUST SIGN

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	JANE TURNER	3301, 400 ALTON (ROAD)	MIAMI, FLORIDA, 33139

11. E-mail Address: DANTALOONEY@HOTMAIL.COM
(To be used for future annual report notification)

12. 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 608.508, 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: 5.28.10 Daytime Phone #: 305 5328009

Typed or printed name of signing Managing Member/Manager