

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000020227

1. Limited Liability Company's Name

THE GRAND PRESERVE AT NAPLES LLC

05

FILED
2006 JAN 25 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (8/05)

2. Principal Office Address

2601 South Bayshore Drive

Suite, Apt. #, etc.

Suite 200

City & State

Miami, Florida

Zip

33133

Country

USA

3. Mailing Office Address

2601 South Bayshore Drive

Suite, Apt. #, etc.

Suite 200

City & State

Miami, Florida

Zip

33133

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

03/16/2004

6. FEI Number

20-2581762

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

Emily M. Usow, Esq Adorno & Yoss, LLP

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

2525 Ponce de Leon Boulevard

Suite, Apt. #, Etc.

Suite 400

City

Coral Gables

State

FL

Zip Code

33134

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

Emily M. Usow

REGISTERED AGENT MUST SIGN

Date 1/24/2006

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	Eduardo Avila	2601 South Bayshore Drive Suite 200	Miami, Florida 33133

REINSTATEMENT 2005-2006

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

Eduardo Avila

Date 1/24/06

Daytime Phone # 305-857-0400

Typed or printed name of signing Managing Member/Manager Eduardo Avila, Managing Member