2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000022935

1. Entity Name
BOCAGRANDPH16 HOLDINGS, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUN 16 AM 9:40

Principal Place of Business	Mailing Address
16306 NW 24TH STREET PEMBROKE PINES, FL 33028	16306 NW 24TH STREET PEMBROKE PINES, FL 33028

05112006 REIN-LLC CR2E101 (11/05)

2. Principal Place of Business	3. Mailing Address
901 BRICKELL KEY DR	901 BRICKELL KEY DR
Suite, Apt. #, etc. 2302	Suite, Apt. #, etc. 2302
City & State MIAMI, FL	City & State MIAMI, FL.
Zip 33131 Country USA	Zip 33131 Country USA

4. FEI Number 20-0949701 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BARROETA, INES ~~16306 NW 24TH STREET~~ ~~PEMBROKE PINES, FL 33028~~ 901 BRICKELL KEY DR # 2302 MIAMI, FL. 33131	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $200.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BARROETA, INES 16306 NW 24TH STREET PEMBROKE PINES, FL 33028	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 901 BRICKELL KEY DR # 2302 MIAMI, FL. 33131
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CECILIA GAYE, MARIA 16306 NW 24TH STREET PEMBROKE PINES, FL 33028	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100075500791 06/22/06--01040--013 **200.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT 05-06
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: X Ines Barroeta 6/13/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #