PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 JUL 24 PM 1:15
TALLAHASSEE, FLORIDA

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1. Limited Liability Company's Name

3700 PONCE, L.L.C.

2. Principal Office Address - No P.O. Box #		**3.** Mailing Office Address	
8603 SOUTH DIXIE HIGHWAY		8603 SOUTH DIXIE HIGHWAY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
409		409	
City & State		City & State	
MIAMI		MIAMI	
Zip	Country	Zip	Country
33143	US	33143	US

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida 04-22-2004

6. FEI Number 202666215 ☑ 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
MICHAEL LOGUE

Street Address (P.O. Box Number is Not Acceptable)
8603 SOUTH DIXIE HIGHWAY

Suite, Apt. #, Etc.
409

City	State	Zip Code
MIAMI	FL	33143

☑ 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 _____ Date 7/23/08
REGISTERED AGENT MUST SIGN

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	JOURDAIN, RAY	8603 SOUTH DIXIE HIGHWAY, # 409	MIAMI FL 33143
MGRM	DIAZ, GLADYS M	8603 SOUTH DIXIE HIGHWAY, # 409	MIAMI FL 33143
MGRM	LOGUE, PHILIP	8603 SOUTH DIXIE HIGHWAY, # 409	MIAMI FL 33143
MGRM	LOGUE, MICHAEL	8603 SOUTH DIXIE HIGHWAY, #409	MIAMI FL 33143
	REINSTATEMENT 2005-2008		

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 7/23/08 Daytime Phone # 305-663-2111

Typed or printed name of signing Managing Member/Manager _____