FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 NOV -3 AM 9:06

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000031559

1. Entity Name
FRENCH VILLAGE DEVELOPERS, LLC

Principal Place of Business
815 N.W. 57TH AVE. Suite 405
MIAMI, FL 33126

Mailing Address
815 N.W. 57TH AVE. Suite 405
MIAMI, FL 33126

10062005 REIN-LLC CR2E101 (6/04)

2. Principal Place of Business	3. Mailing Address
815 NW 57th Ave	
Suite, Apt. #, etc. #405	Suite, Apt. #, etc.
City & State Miami Florida	City & State
Zip 33126 County USA	Zip Country

4. FEI Number 20-2513075 — Applied For / Not Applicable

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

SIGN & DATE

6. Name and Address of Current Registered Agent
FIELDSTONE, RONALD R
201 ALHAMBRA CIR. SUITE 601
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent
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 [signature] 10/6/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00 After January 1, 2006, Fee will be $100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Francisco A Espinosa ☐ Delete Managing member	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	815 NW 57th Ave Suite 405 Miami FL 33126 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Hector Arozon ☐ Delete ~~Managing~~ member	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	5735 SW 8 Street Suite 105 Miami FL 33134 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. Fredrico Fazio ☐ Delete ~~Managing~~ member	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	633 Sandian Ave Fort Lauderdale FL 33301 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT 2005 ☐ 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

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] (managing member) 10/6/05 305-266-1162
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #