


LO4000035223

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 08 APR - 8 AM 9:58
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT #
 1. Limited Liability Company's Name
 316 Poinciana LLC

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2. Principal Office Address 3166 NE 211 St. Suite, Apt. #, etc.		3. Mailing Office Address 20533 Biscayne Blvd. Suite, Apt. #, etc. #546	
City & State Aventura, Florida		City & State Aventura, FL	
Zip 33180	Country US	Zip 33180	Country

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
5/3/04

6. FEI Number 202486700	Applied For Not Applicable
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7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Annie Cassis

Street Address (P.O. Box Number is Not Acceptable)
3166 NE 211 St.

Suite, Apt. #, Etc.

City
Aventura

State
FL

Zip Code
33180

BK

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 Annie Cassis Date 4/7/08
 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
M	Annie Cassis	3166 NE 211 St.	Aventure, FL 33180
700122586807 04/08/08 01031 014 **555.00			
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 Annie Cassis Date 4/7/08 Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager Annie Cassis

CR2001 (REV)