

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 FEB 12 AM 9:27

DOCUMENT # L04000039452

1. Limited Liability Company's Name

9.18 Acres, LLC

CR2E041 (8/05)

2. Principal Office Address

19495 Biscayne Blvd

Suite, Apt. #, etc.

#501

City & State

Aventura, FL

Zip

33180

Country

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

05/24/2004

6. FEI Number

20-8188667

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

Fieldstone Caster Shene & Denberg LLP c/o Michael J. Rosenbaum, Esq.

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

201 Alhambra Circle #601

Suite, Apt. #, Etc.

#601

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

Date 02/08/07

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
MGR	David Houei	19495 Biscayne Blvd, #501	Aventura, FL 33180
			700088448407 02/15/07--01040--018 **250.00
		REINSTATEMENT 05-07	

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 02/08/07

Daytime Phone # 305.357.1001

Typed or printed name of signing Managing Member/Manager