

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 MAY 15 PM 1:35
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000070308

1. Limited Liability Company's Name

SHORES LANDING, LLC

06

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #

714 NE 59TH STREET

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33137

Country

US

3. Mailing Office Address

714 NE 59TH STREET

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33137

Country

US

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

09/27/2004

6. FEI Number

20-1672500

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

RUBEN MATZ

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

714 NE 59TH STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33137

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

REGISTERED AGENT MUST SIGN

Date 05/13/2008

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	RUBEN MATZ	714 NE 59TH STREET	MIAMI FL 33137
MGRM	GLADYS MATZ	714 NE 59TH STREET	MIAMI FL 33137

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REINSTATEMENT 2006-2008

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 05/13/2008

Daytime Phone# 786-290-8815

Typed or printed name of signing Managing Member/Manager RUBEN MATZ