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Division of Corporations

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Florida Department of State
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LIMITED LIABILITY REINSTATEMENT
TRG OASIS (RETAIL), LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$516.25

*
\$416.25
penalty
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J. BRYAN

NOV 19 2009

11/18/09 11:31 AM

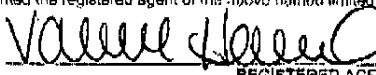
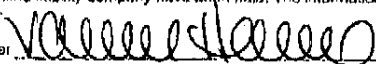
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TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 09 NOV 18 AM 8:13 SECRETARY OF STATE TALLAHASSEE, FLORIDA																													
DOCUMENT # L04000091293																																	
1. Limited Liability Company's Name TRG OASIS (RETAIL), LLC																																	
2. Principal Office Address - No P.O. Box # 315 S. BISCAYNE BLVD, Suite, Apt. #, etc. 3RD FLOOR City & State Miami, FL Zip 33131		3. Mailing Office Address 315 S. BISCAYNE BLVD, Suite, Apt. #, etc. 3RD FLOOR City & State Miami, FL Zip 33131		4. State/Country of Formation Florida																													
Country USA		Country USA		5. Date Organized or Qualified To Do Business in Florida 12/16/2004																													
6. FEI Number 202033388				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 CORPORATE CREATIONS NETWORK INC. Street Address (P.O. Box Number Is Not Acceptable) 11380 PROSPERITY FARMS ROAD #221E Suite, Apt. #, Etc. City Palm Beach Gardens State FL Zip Code 33410																																	
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  Valerie Hawk, Special Secretary REGISTERED AGENT MUST SIGN Date 11/18/09																																	
10. Names and Street Addresses of Managing Members/Managers <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Titles</th> <th style="width: 30%;">Name of Managing Members/Managers</th> <th style="width: 30%;">Street Address of Each Managing Member/Manager</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>MGRM</td> <td>TRG OASIS, LTD</td> <td>315 S. BISCAYNE BLVD, 3RD FLOOR</td> <td>Miami, FL 33131</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>						Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	MGRM	TRG OASIS, LTD	315 S. BISCAYNE BLVD, 3RD FLOOR	Miami, FL 33131																				
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REINSTATEMENT 2007-09																																	
11. E-mail Address: _____ (To be used for future annual report notifications)																																	
12. 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 11/18/09 Daytime Phone # 561-694-8107																																	
Typed or printed name of signing Managing Member/Manager by: Valerie Hawk as atty-in-fact																																	