PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

11 JUL 13 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

500208902295
06/14/11--01038--005 **100.00

CR2E041 (1/11)

DOCUMENT # L04000092747

1. Limited Liability Company's Name

Village Shopping Center Trust, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
3211 Ponce de Leon Blvd.		3211 Ponce de Leon Blvd.	
Suite, Apt. #, etc		Suite, Apt. #, etc.	
Ste 301		Ste 301	
City & State		City & State	
Coral Gables, FL		Coral Gables, FL	
Zip	Country	Zip	Country
33134	USA	33134	USA

4. State/Country of Formation: USA

5. Date Organized or Qualified To Do Business in Florida: December 22, 2004

6. FEI Number: N.A. ☐ 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: Jose Milton

Street Address (P.O. Box Number is Not Acceptable): 3211 Ponce de Leon Blvd.

Suite, Apt. #, Etc.: 301

City: Coral Gables | State: FL | Zip Code: 33134

E-mail Address: dramberg@j-milton.com
(To be used for future annual report notices)

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 X Jose Milton Date
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
Mgrm.	Jose Milton	3211 Ponce de Leon Blvd. Ste. 301	Coral Gables, FL 33134
Mgr.	Rex Barker	3211 Ponce de Leon Blvd. Ste. 301	Coral Gables, FL 33134

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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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager X Jose Milton Date 06/8/11 Daytime Phone # 305 460-6300

Typed or printed name of signing Managing Member/Manager: Jose Milton