## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIAE COMPAN REINSTATEN	Y	Se	cretar	MENT OF STATE y of State orrporations		FILED 08 DEC 23 AM 8: 16	
DOCUMENT # L05000000023  1. Limited Liability Company's Name  2010 HOLDINGS, LLC					SECRETAGE STATE TALL ARASSLE FLORIDA BOO13919938 12/22/0801037004 **138.75		
			Office Address ary Street, #307		CR2E041 (10/08)  4. State/Country of Formation		
Sulte, Apt. #, etc. Suite 307	Sulte, Apt. #, etc. c/o Baker Cronig & Keenan, LLP			Florida  5. Date Organized or Qualified			
City & State Miami, FL	City & State Miami, FL			To Do Business in Florida 12/30/2004  6. FEI Number Applied For			
Zip 33133	Country	Zip 33133		Country	7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status		
8. Name and Address of Current Registered Agent						<u></u>	
Name Keenan, Jesse Street Address (P.O. Box Number Is Not Acceptable) 307 Continental Plaza					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		
Suite, Apt. #, Etc. 3250 Mary Street					not received and requesting the \$100 reinstatement be walved.		
city Miami				State Zip Code FL 33133	Territoriement be warred.		
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 1-4-08							
10. Names and Street Addresses of Managing Members/Managars							
Titles Name of Managers Managers			Street Address of Each Managing Member/ Manager			City / State / Zip	
MGRM 2005 MIAMI HOLDINGS, LLC				3250 MARY STREET, #307		MIAMI, FL 33133	
L. SELLERS							
DEC 2 4 2008						1027/08 01005/016	
EXAMINER						#13875	
REINSTATE						EMENT 2017	
11.1 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 filling 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 ilmited 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 Soling   Machine Phone # 2.326.0879							
Timed or printed pame of claping Managing Managing 2005 MIAMI HOLDINGS, LLC							