

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000003683

Entity Name: LAS OLAS NORTH, LLC

FILED
Oct 13, 2009
Secretary of State

Current Principal Place of Business:

1975 EAST SUNRISE BLVD
750
FORT LAUDERDALE, FL 33304 US

New Principal Place of Business:

Current Mailing Address:

1975 EAST SUNRISE BLVD
750
FORT LAUDERDALE, FL 33304 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NORTH MAI CORP.
1975 EAST SUNRISE BLVD
750
FORT LAUDERDALE, FL 33304 US

Name and Address of New Registered Agent:

NORTH MIA CORP.
1975 EAST SUNRISE BLVD
750
FORT LAUDERDALE, FL 33304 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: NORTH MIA CORP.

10/13/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BARREIRO, PABLO
Address: 1975 EAST SUNRISE BLVD #750
City-St-Zip: FORT LAUDERDALE, FL 33304 US

Title: MGR () Delete
Name: LORENZINO, JUAN PABLO
Address: 1975 EAST SUNRISE BLVD #750
City-St-Zip: FORT LAUDERDALE, FL 33304 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JUAN PABLO LORENZINO

MGR

10/13/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date