

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 FEB 29 AM 10:02

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000003770

1. Limited Liability Company's Name

Carlyle Beach, LLC

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 1360 71st Street Suite, Apt. #, etc.		3. Mailing Office Address 1360 71st Street Suite, Apt. #, etc.	
City & State Miami Beach, Florida		City & State Miami Beach, Florida	
Zip 33141	Country Miami-Dade	Zip 33141	Country Miami-Dade

4. State/Country of Formation Florida, US	
5. Date Organized or Qualified To Do Business In Florida 01/12/2005	
6. FEI Number 20-249-7118	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Kahn, Donald J			
Street Address (P.O. Box Number is Not Acceptable) 317 71st Street			
Suite, Apt. #, Etc.			
City Miami Beach	State FL	Zip Code 33141	

☒ 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 <i>[Signature]</i>	Date 2/28/08
REGISTERED AGENT MUST SIGN	

10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Teresa Cardenas	1360 71st Street	Miami Beach, Florida 33141

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05/11/08-01015-010-***421-25

REINSTATEMENT 06, 08

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 <i>[Signature]</i>	Date 2/28/08
Daytime Phone # (305)757-1690	
Typed or printed name of signing Managing Member/Manager Teresa Cardenas	