PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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08/26/08--01011--012 **516.25

FILED
08 AUG 20 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

DOCUMENT # L05000005661

1. Limited Liability Company's Name
WILLOW GREEN 6093, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1001 Brickell Bay Drive	
Suite, Apt. #, etc.: Suite 3104	Suite, Apt. #, etc.:
City & State: Miami, Florida	City & State:
Zip: 33131 Country:	Zip: Country:

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 01/19/2005

6. FEI Number: 20-2193368 ☐ 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: Gonzalez & Rodriguez PL
Street Address (P.O. Box Number is Not Acceptable): 999 Ponce De Leon Blvd.
Suite, Apt. #, Etc.: Suite PH-1135
City: Coral Gables State: FL Zip Code: 33134

☐ 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 _____ REGISTERED AGENT MUST SIGN Date 8/8/08

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
MGR	Augusto Perez-Rendiles	1001 Brickell Bay Drive, Suite 3104	Miami, Florida, 33131
MGR	Andreina Vogeler	1001 Brickell Bay Drive, Suite 3104	Miami, Florida, 33131
S	Augusto Perez-Gomez	1001 Brickell Bay Drive, Suite 3104	Miami, Florida, 33131

REINSTATEMENT 06-08

11. I certify that I am managing member/manager of 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 08/05/08 Daytime Phone # 011-582125539071

Typed or printed name of signing Managing Member/Manager Augusto Perez-Gomez