2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED **DOCUMENT #L05000010284** SECRETARY OF STATE OF VISION OF CORPORATIONS PLANTATION ACRES, LLC 07 OCT 23 PM 3: 59 Principal Place of Business Mailing Address 18805 WEST LAKE DRIVE 18805 WEST LAKE DRIVE MIAMI, FL 33015 US MIAMI, FL 33015 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 10162007 REIN-LLC CR2E101 (1/07) City & State Applied For City & State 4. FELNumber 20-2266482 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BLANCO, DAVID Street Address (P.O. Box Number is Not Acceptable) 18805 WEST LAKE DRIVE MIAMI, FL 33015 City Zip Code 8. 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. I am familiar with, and accept Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature registred when reinstating) DATE Make check payable to FILE NOWIN FEE IS \$50.00 in accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. After January 1, 2008, Fee will be \$100.00 Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. TITLE ☐ Delete TITLE Change ☐ Addition NAME BLANCO, DAVID NAME 000111195750 18805 WEST LAKE DRIVE STREET ADDRESS STREET ADDRESS 10/23/07--01023--010 ++50.00 CITY-ST-ZIP MIAMI, FL 33015 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition BLANCO, MARGARITA NAME NAME STREET ADDRESS 156 NORTHWEST 98 TERRACE STREET ADDRESS CITY-ST-ZIP PLANTATION, FL 33324 CITY-ST-ZIP CFO MLE Delete TITLE ☐ Change ☐ Addition NAME WILSON, JEANNITE NAME 10630 NORTHWEST 14 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLANTATION, FL 33322 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS FINSTATEMENT 2007 STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 empayered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: COCA well 1cuic OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE