## 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L05000019989

Name:

Address:

City-St-Zip:

4825 HAMMOCK LAKE DRIVE

CORAL GABLES, FL 33156

Entity Name: TWINS DEVELOPMENT LLC

FILED Nov 04, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 15369 SOUTH DIXIE HIGHWAY 2901 PONCE DE LEON BLVD MIAMI, FL 33157 CORAL GABLES, FL 33134 **Current Mailing Address: New Mailing Address:** 15369 SOUTH DIXIE HIGHWAY 2901 PONCE DE LEON BLVD MIAMI, FL 33157 CORAL GABLES, FL 33134 FFI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) 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: Name and Address of New Registered Agent: RINGEL, THOMAS ESQ 9130 SOUTH DADELAND BOULEVARD **SUITE 1225** MIAMI, FL 33156 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: THOMAS RINGEL, ESQ Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: **PRES** Title: () Change () Addition () Delete MAS, JORGE Name: Name: Address: C/O THE MAS GROUP, 2901 PONCE DE LEON BLVD Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: Title: () Delete Title: () Change () Addition Name: PEREZ, ALBERTO J Name: Address: C/O THE MAS GROUP, 2901 PONCE DE LEON BLVD Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: Title: SEC () Delete Title: () Change () Addition MARTINEZ, ALFONSO A Name: Name: 4825 HAMMOCK LAKE DRIVE Address: Address: City-St-Zip: CORAL GABLES, FL 33156 City-St-Zip: Title: TREA ( ) Delete Title: () Change () Addition MARTINEZ, ALFONSO A

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ALBERTO J. PEREZ 11/04/2009