

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

08 MAY -2 PM 4:09

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT # L05000020616**

1. Limited Liability Company's Name

1930 Development LLC

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #

1390 Brickell Avenue

Suite, Apt. #, etc.

Suite 200

City & State

Miami, FL

Zip

33131

Country

US

3. Mailing Office Address

P.O. Box 330786

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33233

Country

US

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

03/01/2005

6. FEI Number

20-2417328

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

Alvaro Castillo B., P.A.

Street Address (P.O. Box Number is Not Acceptable)

1390 Brickell Avenue

Suite, Apt. #, Etc.

Suite 200

City

Miami

State

FL

Zip Code

33131

☐ 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 4-22-08

**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	1930 Management Inc.	1221 S.W. 27th Avenue, Suite 302	Miami, Florida 33135

900126983549  
04/30/08--01005--011 \*\*516.25

**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

Date 4/20/08 Daytime Phone # 3056329946

Typed or printed name of signing Managing Member/Manager Eduardo Velazco