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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 OCT -4 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name
MIRAMAR LAKE, LLC

2. Principal Office Address		3. Mailing Office Address	
18501 Pines Blvd		18501 Pines Blvd	
Suite, Apt. #, etc. #107		Suite, Apt. #, etc. #107	
City & State Pembroke Pines, FL		City & State Pembroke Pines, FL	
Zip 33029	Country USA	Zip 33029	Country USA

4. State/Country of Formation FLORIDA/USA.

5. Date Organized or Qualified To Do Business in Florida 3/3/05.

6. FEI Number ✓ 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 GABRIEL M. SANCHEZ

Street Address (P.O. Box Number is Not Acceptable) 9555 N. KENDALL DRIVE

Suite, Apt. #, Etc. #200

REINSTATEMENT 2006

City MIAMI State FL Zip Code 33176

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 [signature] REGISTERED AGENT MUST SIGN Date 10-3-06.

C.TEXT41 (8/06)

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	ALEJANDRO REMOS	18501 PINES BLVD. #107, PEMBROKE PINES, FL	33029
MGR	PETER MEDINA	18501 PINES BLVD #107	PEMBROKE PINES, FL 33029
MGR	GABRIEL A. SANCHEZ	9555 N. KENDALL DR #200	MIAMI, FL 33176
MGR	GABRIEL M. SANCHEZ	9555 N. KENDALL DR #200	MIAMI, FL 33176
MGR	GUILLERMO MILLARES	8420 SW 84 AVENUE	MIAMI, FL 33176

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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 [signature] Date 10/3/06 Daytime Phone # 305-595-4661

Typed or printed name of signing Managing Member/Manager GABRIEL M. SANCHEZ