

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 APR -7 PM 12: 57

DOCUMENT # L05000024340

1. Limited Liability Company's Name

LHM Enterprise Gables Court LLC

**REINSTATEMENT** 2007-10 2004

700174523207  
04/05/10--01059--016 \*\*\$55.00

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 7400 West Flagler Street		3. Mailing Office Address 7400 West Flagler Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33144	Country USA	Zip 33144	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 03/10/05	
6. FEI Number 20-2480795	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name Fernandez-Bergnes & Assoc PA		
Street Address (P.O. Box Number is Not Acceptable) 7400 West Flagler Street		
Suite, Apt. #, Etc.		
City Miami	State FL	Zip Code 33144

☒ 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 \_\_\_\_\_ Date \_\_\_\_\_  
REGISTERED AGENT MUST SIGN

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
MGRM	Luis Hernandez	7400 West Flagler Street	Miami, FL 33144
MGRM	Marianella Duncan	7400 West Flagler Street	Miami, FL 33144

11. E-mail Address: \_\_\_\_\_  
(To be used for future annual report notifications)

12. 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 3-31-10 Daytime Phone # 305-648-7100

Typed or printed name of signing Managing Member/Manager \_\_\_\_\_