

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

2012 OCT 10 AM 9:53

DOCUMENT # L05000034342

1. Limited Liability Company's Name

SERENIDAD POINTE TOWN HOMES, L.L.C.

**FILING CANCELLED
RETURNED CHECK**

CR2E041 (1/11)

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

888 Brickell Avenue

Suite, Apt. #, etc.

Suite 310

City & State

Miami FL

Zip

33135

Country

Dade County

3. Mailing Office Address

888 Brickell Avenue

Suite, Apt. #, etc.

Suite 310

City & State

Miami FL

Zip

33135

Country

Dade County

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

202822914

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

MARIA MONTANO

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

888 BRICKELL AVE

Suite, Apt. #, Etc.

Suite 310

City

Miami

State

FL

Zip Code

33135

E-mail Address:

500240671055
10/10/12--01009--014 **793.75

(To be used for future annual report notices)

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

10-8-12

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 |
|--------|--------------------------------------|---|--------------------|
| MEM | MARIA MONTANO | 888 BRICKELL AVE STE 310 | Miami FL 33135 |
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REINSTATEMENT - 2008 - 2012

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of Managing
Member/Manager

Date

10-8-12

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

C.S.