PLEASE READ ALL INSTRUCTIONS BEFORE C

1. Limited Liability Company's Name Doral Crossing LLC 2. Principal Office Address - No P.O. Box # 4611 South University Dr Suite, Apt. #, etc. #110 City & State Davie, Florida Zip	LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS				13 JUN 27 AM 10: 15				
2. Principal Office Address - No P.O. Box # 4611 South University Dr Sule, Apt. #, etc. #110 Sule, Apt. #, etc. #, etc	Limited Liability Company's Name								SECRETARY OF STATE TALLAHASSEE. FLORIDA				
2. Principal Office Address No P.O. Box # 4611 South University Dr Sulte, Apt. #, etc. #110 Sulte, Apt. #, etc. #110 Sulte, Apt. #, etc. #110 City & State		•							RE			IENT	
#110 City & State Davie, Florida Davie City & State Davie, Florida City & State Davie Zip Country Zip Co							Office Address			4. State/Country of Formation			
City & State Davie Florida		#, etc.		Suite, Apt. #, etc.				5 Date Organized or Qualified					
33328 USA 8. Name and Address of Current Registered Agent Name Beth Azor Street Address (P.O. Bax Number is Not Acceptable) 4611 South University Dr Suite, Apr. F. Etc. #110 City Davie 9. 1, being appointed the registered agent of the above named limited Hostility company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members Managers Titles Managing Members Managers Mark Beth Azor Accentrify 2500 Additional Fest refor a Certificate of Site for a Certif					City & State			6. FEI Number Applied For					
Beth Azor Street Address (P.O. Box Number is Not Acceptable) 4611 South University Dr Sule, Apt. #, Etc. #110 City Davie 9. 1, 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 ACENTALUST SIGN 10. Names and Street Addresses of Managing Members Managers Titles Managing Members Managers Name of Managing Members Managers Titles Beth Azor 4611 So. University Dr #110 Davie, Florida 33328		3			Zip		Cou	ntry	7	· · · · · · · · · · · · · · · · · · ·		tional Fee required,	
Beth Azor Siver Indires (P.O. Box Number is Not Acceptable) 4611 South University Dr Street Address (P.O. Box Number is Not Acceptable) 4611 South University Dr Street Address of Each Managing Members/ Managers Titles Name of Managing Members/ Managers Mary 30, 2013 Street Address of Each Managing Members/ Managers Managing Mem	8. Name and Address of Current Registered Agent											_	
4611 South University Dr Suite, Apt. #, Etc. #1110 City Davie State FL 33328 Signature of Registered Agent Registered Addresses of Managing Members-Managers Name of Managing Members-Managers Titles Name of Managing Members Managers Name of Managing Members Managers Name of Managing Members Managers Agent Managing Members Managers Name of Managing Members Man	Beth Azor									E-mail Address:			
#110 City Davie State Zip Code (To be used for future annual report notice) 9. I, being appointed the registered agent of the above named limited-liability company, an familiar with and accept the obligations of Chapter 808. F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members: Managers Titles Name of Managing Members/ Mem	4611 South University Dr									000249337720 06/27/1301033015 **1348.75			
Davie FL 33328 (To be used for future annual report notice of property of the special s	#110									-beth@azoradvisoryservices.com			
Signature of Registered Agent REGISTERED AGENT MUST SIGN 10. Names and Streat Addresses of Managing Members Managers Titles Name of Managing Members Managers Name of Managing Members Managers Name of Managing Members Managers Address of Each Managing Members Managers Managing Member / Manager Address of Each Manager Managing Member / Manager Davie, Florida 33328 Managing Member / JUN 2 7 2013	_ ' .								(To be used for future annual re			port notices)	
MGRM Beth Azor 4611 So. University Dr #110 Davie, Florida 33328	Signatu	ure of	\	DÍ	46	A	-	am familiar with an	d accept the obliga				
MGRM Beth Azor 4611 So. University Dr #110 Davie, Florida 33328	10. Nam	es and Street			bers/Manager	8							
######################################	Titles	Managing Members/ Managers											
	MGRM	Beth Azor			, 	4611 So. University			Dr #110	Dr #110 Davie, Florida 333		33328	
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		· · · · · · · · · · · · · · · · · · ·											
			P. P			. '							
14 Certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for a Chapter 608 F.S. I further certify that when									Williams 'JUN 2 7 2013				
11 Certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, E.S. I further certify that when the							·						
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 a 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 effection made under oath. It am aware that false information committed 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	this reli fees ov if made	instatement ap wed by the fim e under oath.	oplication the lited liability of am aware th	reason for disso ompany have be	llution has been een paid. The in	n eilminated, nformation in	the limi	ted liability companion this application i	y name satisfles th s true and accurat	e requirements of sec	tion 608.406, F.: hall have the sar	S., and that all me legal effect as	
Member/Manager													