

PLEASE READ ALL INSTRUCTIONS BEFORE C

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

13 JUN 27 AM 10:15

SECRETARY OF STATE TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E041 (1/11)

05-13

DOCUMENT # L05000036472

1. Limited Liability Company's Name Doral Crossing LLC

2. Principal Office Address - No P.O. Box # 4611 South University Dr

3. Mailing Office Address

Suite, Apt. #, etc. #110

Suite, Apt. #, etc.

City & State Davie, Florida

City & State

Zip Country 33328 USA

Zip Country

4. State/Country of Formation Florida, USA

5. Date Organized or Qualified To Do Business in Florida 04/14/2005

6. FEI Number 20-4670756 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 Beth Azor

Street Address (P.O. Box Number is Not Acceptable) 4611 South University Dr

Suite, Apt. #, Etc. #110

City State Zip Code Davie FL 33328

E-mail Address:

000249337720 06/27/13--01033--015 **1348.75

beth@azoradvisoryservices.com

(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 [Signature] REGISTERED AGENT MUST SIGN

Date May 30, 2013

10. Names and Street Addresses of Managing Members/Managers

Table with 4 columns: Titles, Name of Managing Members/Managers, Street Address of Each Managing Member/Manager, City / State / Zip. Row 1: MGRM, Beth Azor, 4611 So. University Dr #110, Davie, Florida 33328.

Williams JUN 27 2013

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 [Signature] Date May 30, 2013 Daytime Phone # 954-615-0615

Typed or printed name of signing Managing Member/Manager