

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV 12 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000038167

1. Limited Liability Company's Name

TDR TOWER II 320, LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #
3042 NW 82ND AVE.

Suite, Apt. #, etc.

3. Mailing Office Address
3042 NW 82ND AVE.

Suite, Apt. #, etc.

City & State
DORAL, FL.

City & State
DORAL, FL.

Zip
33122

Country
USA

Zip
33122

Country
USA

4. State/Country of Formation
FLORIDA - USA

5. Date Organized or Qualified
To Do Business in Florida 04/19/05

6. FEI Number
20-3279544

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
CABANAS & ASSOCIATES, P.A. - JOSEPH F. CABANAS

Street Address (P.O. Box Number is Not Acceptable)
10520 NW 26TH STREET

Suite, Apt. #, Etc.
C 201

City
DORAL

State
FL

Zip Code
33172

☒ 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

REGISTERED AGENT MUST SIGN

Date NOV. 6, 2008

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
PR	LOWENSOHN, EDUARDO	3042 NW 82ND AVE.	DORAL, FL. 33122
VP	FARACHE, ISAAC	3042 NW 82ND AVE.	DORAL, FL. 33122

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REINSTATEMENT

07-08

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

Date NOV. 6/08

Daytime Phone # (786) 683 2244

Typed or printed name of signing Managing Member/Manager EDUARDO LOWENSOHN