PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FII ED 08 AUG 28 PM 4:51
DOCUMENT # LOSOOO042673 1. Limited Liability Company's Name		SEUKÉ IAN L OF STATE TALLAHASSEE, FLORIDA
100 SOUTH POINTE LLC		
2. Principal Office Address - No P.O. Box #	3. Mailing Office Address 2 - >	- CR2E041 (12/07)
100 SOUTH POINTE DRING	100 SOUTH POINTE DRIVE	4. State/Country of Formation
Suite Ant # etc	Suite, Apt. #, etc.	FL DADE
UNIT # 1803	UNIT # 1803	5. Date Organized or Qualified To Do Business in Florida 4/29/2005
City & State Hiami Beach , FL	City & State MiAtti BEACH, FL	6. FEI Number Applied For Not Applied Box
33/39 Country USA	Zip Country 33139 USA	7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status
	of Current Registered Agent	
Name /		1 - 400 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
KOBERTS, NORMAN F. A.		A \$100 reinstatement fee is imposed, except in circumstances which the entity did not
Street Address (P.O. Box Number is Not Acceptable) 50 WEST HAS HTP DRIVE		receive the prior notices. By checking this
50 WEST HASHTA DRIVE Suite, Apt. #. Etc.		box, you are certifying the prior notices were
Suite, Apr. H. Etc. 50176 4		not received and requesting the \$100
City State Zip Code		reinstatement be waived.
KEY BISCAYNE FL 33149		
9. I, being appointed the registere agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.		
Signature of SMM T		
Registered Agent Date AUG 19, 2008		
10. Names and Street Addresses of Managing Me		·
Titles Name of Managing Members/Manag	Street Address of Each gers Managing Member/Mana	
MGR RISQUEZ, FRANCISCO 100 SOUTH VOINTE HEIVE MINNI BEACH/FL/33139		
HGR FAR TRADE 11	NC. PASEA ESTATE RO	AD TOWN TORFOLA, BYI
		70010400000
		700134800287 08/2 /0801032004_**\$16.25
REINSTAT	LIVIEN INDOS	
	OF OO	
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 filling 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 / Lacute N. / Date 08/19/2003 Daytime Phone # 305361/014		
Typed or printed name of signing Managing Member/Manager FRANCISCO RISQUEZ		