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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2008 DEC 17 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000045335

1. Limited Liability Company's Name

2519 AQUA VISTA BOULEVARD LLC

CR2E041 (10/07)

2. Principal Office Address - No P.O. Box: 2519 AQUA VISTA BLVD
Suite, Apt. #, etc.:
City & State: FORT LAUDERDALE, FL
Zip: 33301 Country: USA

2a. Mailing Office Address: 100 RIVERPLACE DR.
Suite, Apt. #, etc.:
City & State: DETROIT, MI
Zip: 48207 Country: USA

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 05/08/2006

6. FEI Number: 582527546 ☐ Applied For ☐ Not Applicable

7. Certificate of Status Desired ☐

8. Name and Address of Current Registered Agent
Name: CULLAN F. MEATHE
Street Address (P.O. Box Number is Not Acceptable): 140 NURMI
Suite, Apt. #, Etc.:
City: FORT LAUDERDALE State: FL Zip Code: 33301

☑ 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, accept and comply with the obligations of Chapter 608, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN Date: 12/12/08

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	CULLAN F. MEATHE	140 NURMI	FORT LAUDERDALE, FL 33301

REINSTATEMENT 01-08

11. I certify that I am a managing member/manager or a person authorized by the managing member/manager to execute this application as provided for in chapter 608, F.S. I further certify that since filing the annual report the reason for dissolution has been eliminated. The limited liability company name satisfies the requirements of section 608.406, F.S. ... 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: [signature] Date: 12/12/08 Daytime Phone #: ________

Typed or printed name of signing Managing Member/Manager: CULLAN F. MEATHE

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Florida Department of State
Division of Corporations
Public Access System

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Fax Number : (850)617-6383

From:
Account Name : BERGER SINGERMAN - FORT LAUDERDALE
Account Number : I20020000154
Phone : (954)525-9900
Fax Number : (954)523-2872

LIMITED LIABILITY REINSTATEMENT

2519 AQUA VISTA BOULEVARD LLC

Certificate of Status	0
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