PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

13 MAY -2 PM 4:23

SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000046109

REINSTATEMENT

CR2E041 (1/11) 123

1. Limited Liability Company's Name
FORT LAUDERDALE U.S. 1, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1001 Brickell Bay Drive		1001 Brickell Bay Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 2406		Suite 2406	
City & State		City & State	
Miami, Florida		Miami, Florida	
Zip	Country	Zip	Country
33131	U.S.A	33131	U.S.A

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business In Florida 05/09/2005

6. FEI Number
421672433
☐ 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
NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City: Plantation | State: FL | Zip Code: 33324

E-mail Address:

700247542967
05/03/13--01001--007 **377.50

paulo.miranda@psmcorporate.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 Michele Holden, Assistant Secretary Date 05/02/2013
REGISTERED AGENT MUST SIGN

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
MGR	Marques Varela, Antonio	c/o 1001 Brickell Bay Drive, Suite 2406,	Miami, FL 33131

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 Antonio Marques Varela Date 5/2/13 Daytime Phone # 305 456.3752

Typed or printed name of signing Managing Member/Manager