

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT 19 PM 2:38

CR2E041 (1/07)

DOCUMENT # LO5 0000 47377

1. Limited Liability Company's Name

Mirador 704, LLC

2. Principal Office Address - No P.O. Box #

450 Alton Road

Suite, Apt. #, etc.

902

City & State

Miami Beach, FL

Zip

33139

Country

U.S.A.

3. Mailing Office Address

450 Alton Road

Suite, Apt. #, etc.

902

City & State

Miami Beach, FL

Zip

33139

Country

U.S.A.

4. State/Country of Formation

Florida United States

5. Date Organized or Qualified
To Do Business in Florida

May 12, 2005

6. FEI Number

81-0671610

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

John Cormier

Street Address (P.O. Box Number is Not Acceptable)

450 Alton Road

Suite, Apt. #, Etc.

902

City

Miami Beach

State

FL

Zip Code

33139

☐ 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

See below

Date

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
MEM	Exodus Property Management, LLC	450 Alton Road 902	Miami Beach, FL 33139

000111014250
10/18/07--01049--016 **200.00

REINSTATEMENT 2006-07

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

John Cormier

Date 10/18/07

Daytime Phone #

305-389-2000

Typed or printed name of signing Managing Member/Manager

John Cormier