L05000052347

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 JAN -9 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

DOCUMENT #

1. Limited Liability Company's Name

DOWNTOWN DEVELOP INVESTORS, LLC

06

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
3135 SW 3 AVE		3135 SW 3 AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
MIAMI, FL		MIAMI, FL	
Zip	Country	Zip	Country
33129	USA	33129	USA

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 5/25/2005

6. FEI Number: ☐ 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: ALECO HARALAMBIDES

Street Address (P.O. Box Number is Not Acceptable): 3135 SW 3 AVE

Suite, Apt. #, Etc.:

City: MIAMI, FL | State: FL | Zip Code: 33129

☑ 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 1/8/08

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	TAKIS MITROPOULOS	3135 SW 3 AVE	MIAMI FL 33129
MGR	JORGE AREVALO	3135 SW 3 AVE	MIAMI FL 33129

REINSTATEMENT 2006-2008

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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 1/8/08 Daytime Phone # (305) 854-5206

Typed or printed name of signing Managing Member/Manager Attorney-In-Fact Aleco Haralambides, for Takis Mitropoulos