L05000052624

Division of Corporations

Florida Department of State

Division of Corporations

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From:

Account Name : RUDEN, MCCLOSKY, SMITH, SCHUSTER & RUSSELL,
Account Number : 076077000521
Phone : (954)527-2428
Fax Number : (954)333-4001

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LIMITED LIABILITY REINSTATEMENT
OCEAN VIEW DEVELOPERS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$243.75

S. HAWKES

FEB 25 2010

EXAMINER 2/24/2010

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (11/09)

DOCUMENT # L05000052624

1. Limited Liability Company's Name
Ocean View Developers, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
19370 Collins Ave.	527 South Wells Street
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 700
City & State: Sunny Isles, FL	City & State: Chicago, IL
Zip: 33160 Country: USA	Zip: 60607 Country: USA

4. State/Country of Formation: Florida
5. Date Organized or Qualified To Do Business in Florida: 05/26/2005
6. FEI Number: 20-3181829 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: CT Corporation System
Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Road
Suite, Apt. #, Etc.:
City: Plantation, State: FL Zip Code: 33324

☑ 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: Barbara A Burke — Barbara A. Burke, Special Assistant Secretary — Date: 2-22-10
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	Joseph F. Cacciatore	527 S. Wells Street	Chicago, IL 60607
MGR	Philip Cacciatore	55 W. Wacker Drive	Chicago, IL 60601

REINSTATEMENT

11. E-mail Address: _____
(To be used for future annual report notification)

12. I certify that I am a 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 608.508, 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: Joseph F. Cacciatore — Date: 2/22/10 — Daytime Phone #: 312.987.1900

Typed or printed name of signing Managing Member/Manager: Joseph F. Cacciatore, Manager

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