

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

REINSTATEMENT 12-13

DOCUMENT # L 05000060330

1. Limited Liability Company's Name

CONRADO PROPERTY INVESTORS,  
LLC

700245889917  
03/20/13--01001--020 \*\*377.50

CR2E041 (1/11)

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

601 BRICKELL KEY DRIVE

Suite, Apt. #, etc.

702

City & State

Miami, FL

Zip

33131

Country

US

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA, US

5. Date Organized or Qualified To Do Business in Florida

06/16/2005

6. FEI Number

980494185

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 VAZQUEZ & ASSOCIATES

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

601 BRICKELL KEY DRIVE

Suite, Apt. #, Etc.

702

City

Miami

State

FL

Zip Code

33131

E-mail Address:

NB@GVAZQUEZ.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

Date 03/19/2013

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	CARLOS CONRADO HOECKLE	1425 BRICKELL AVENUE, SUITE 408B	MIAMI, FL 33131
MGR	RAUL JOAQUIN HOECKLE RITTER	"SAME AS PRINCIPLE"	

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 corrected, the limited liability company name satisfies the requirements of section 608.400, 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.017.165, F.S.

Signature of Managing Member/Manager

*[Signature]*

Date

Conrado Hoeckle

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

MAR 22 2013

D. BUTLER