

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

10 JUN -1 AM 6:28

DOCUMENT # L05000065385

1. Limited Liability Company's Name
MARVEST 13 LLC

200181569172
06/01/10--01061--009 **555.00

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 6740 SW 69 Terrace		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, FL		City & State	
Zip 33143	Country	Zip	Country

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 6/30/05	
6. FEI Number 20-3092420	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Estefania Acosta-Rubio			
Street Address (P.O. Box Number is Not Acceptable) 6740 SW 69 Terrace			
Suite, Apt. #, Etc.			
City Miami	State FL	Zip Code 33143	

☒ 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

5/28/10

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
MGRM	Acosta Rubio Investments LLC	6740 SW 69 Terrace	Miami, FL 33143
MGRM	Armand Investments LLC	11934 SW 79 Terrace	Miami, FL 33183

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11. E-mail Address

(To be used for future annual report notifications)

12. 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

05/28/10

Daytime Phone #

Typed or printed name of signing Managing Member/Manager