

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CORPORATION SERVICE COMPANY
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TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT

OCCABOT PROPERTIES, L.L.C.

Certificate of Status		0
Certified Copy		0
Page Count		02
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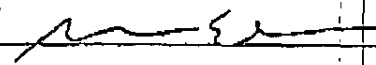
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CR2E041 (10/05)

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		H08000250033 3	
DOCUMENT # L05000065565					
1. Limited Liability Company's Name Occabot Properties, L.L.C.					
2. Principal Office Address - No P.O. Box # 2900 S.W. 28th Terrace Suite, Apt. #, etc. 5th Floor City & State Miami, FL Zip 33133q		3. Mailing Office Address 2900 S.W. 28th Terrace Suite, Apt. #, etc. 5th Floor City & State Miami, FL Zip 33133		4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 07/01/2005		6. FEI Number 20-3106254		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 Nicholas E. Christin Street Address (P.O. Box Number is Not Acceptable) 2900 S.W. 28th Terrace Suite, Apt. #, Etc. 5th Floor City Miami State FL Zip Code 33133					
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S. Signature of Registered Agent  Date 11/04/2008 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	Occabot Properties, Inc.	2900 S.W. 28th Terr., 5th Flr.		Miami, FL 33133	
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 605, 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 805.406, 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 11/04/2008 Daytime Phone# 305-448-3939 Typed or printed name of signing Managing Member/Manager Nicholas E. Christin					

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