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LIMITED LIABILITY REINSTATEMENT

OCCABOT PROPERTIES, L.L.C.

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATION

CR2E041 (10/06)

DOCUMENT # L05000065565

1. Limited Liability Company's Name

Occabot Properties, L.L.C.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
2900 S.W. 28th Terrace		2900 S.W. 28th Terrace	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
5th Floor		5th Floor	
City & State		City & State	
Miami, FL		Miami, FL	
Zip	Country	Zip	Country
33133q	USA	33133	USA

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 ☐ $6.00 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

☑ 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: _____ 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 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 608.408, 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