PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
10 FEB 16 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

800167107438
01/25/10--01002--024 **277.50
CR2E041 (11/09)

DOCUMENT # L 05000067870

1. Limited Liability Company's Name

COURTYARDS AT DAVIE/MACHADO, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
305 Alcazar Ave	305 Alcazar Ave
Suite, Apt. #, etc.: 3	Suite, Apt. #, etc.: 3
City & State: Coral Gables, Fl	City & State: Coral Gables, Fl
Zip: 33134 Country: USA	Zip: 33134 Country: USA

4. State/Country of Formation: Florida / USA

5. Date Organized or Qualified To Do Business in Florida: 7/11/2005

6. FEI Number: 20-3123522 ☐ 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: Luis Machado

Street Address (P.O. Box Number is Not Acceptable): 305 Alcazar Ave Suite 3

Suite, Apt. #, Etc.:

City: Coral Gables State: FL Zip Code: 33134

☒ 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 1/25/2010

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
Mgrm	Luis Machado	305 Alcazar Ave	
		Suite #3	
		Coral Gables, FL	
		33134	
		REINSTATEMENT 08-10	

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 1/25/2010 Daytime Phone # 305-447-1776

Typed or printed name of signing Managing Member/Manager _____