

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 MAY 19 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000069883

1. Limited Liability Company's Name

Miami Airport Parking LLC

06

BK

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #
515 South Flower Street

Suite, Apt. #, etc.
Suite 3200

City & State
Los Angeles, California

Zip
90071

Country
USA

3. Mailing Office Address
515 South Flower Street

Suite, Apt. #, etc.
Suite 3200

City & State
Los Angeles, California

Zip
90071

Country
USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida 7/15/2005

6. FEI Number
32-0155828

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
CorpDirect Agents, Inc.

Street Address (P.O. Box Number is Not Acceptable)
515 East Park Avenue

Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32301

☐ 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.
CorpDirect Agents, Inc., as Registered Agent

Signature of
Registered Agent [Signature]
REGISTERED AGENT MUST SIGN

Date 5-19-09

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	L & R Investment Company	515 South Flower Street, Suite 3200	Los Angeles, California 90071

REINSTATEMENT

2006-2008

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05/19/09--01020--015 **660.0

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 [Signature] Date 05-18-09 Daytime Phone # 213 484 5014

Typed or printed name of signing Managing Member/Manager Joseph B. Lumer, Partner of L & R Investment Company