

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 OCT 21 AM 8:36

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L05000076551

1. Limited Liability Company's Name

PARC-310 LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

3300 NE 191 Street

Suite, Apt. #, etc.

310

City & State

Aventura, Fl.

Zip

33180

Country

US

3. Mailing Office Address

10710 NW 66 St.

Suite, Apt. #, etc.

308

City & State

Doral, Fl.

Zip

33178

Country

US

4. State/Country of Formation

FL - US

5. Date Organized or Qualified

To Do Business in Florida 08/01/05

6. FEI Number

55-0903244

☐ 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

CABANAS & ASSOCIATES, P.A.

Street Address (P.O. Box Number is Not Acceptable)

10520 NW 26TH ST.

Suite, Apt. #, Etc.

C 201

City

DORAL

State

FL

Zip Code

33172

☒ 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 OCT. 10, 2008

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	PARDO, MARIA	10710 NW 66 ST. - #308	DORAL, FL. 33178
MGRM	CARRARA, SONIA	10710 NW 66 ST. - #308	DORAL, FL. 33178

L. SELLERS

OCT 22 2008

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EXAMINER REINSTATEMENT

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 608.406, 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 10/10/08

Daytime Phone # (305) 513 3639

Typed or printed name of signing Managing Member/Manager MARIA PARDO