


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000088090		
1. Entity Name VISTAZO 82, LLC		

FILED
2008 APR 10 P 12:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1730 EAST COMMERCIAL BLVD. FORT LAUDERDALE, FL 33309	Mailing Address 2101 W COMMERCIAL BLVD FORT LAUDERDALE, FL 33309
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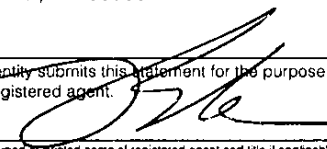


2. Principal Place of Business - No P.O. Box # 3700 Airport Road Suite, Apt. #, etc. Suite 401 City & State Boca Raton, FL Zip 33431 Country US	3. Mailing Address 2101 W Commercial Blvd Suite, Apt. #, etc. Suite 2800 City & State Fort Lauderdale, FL Zip 33309 Country US
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01252008 REIN-LLC CR2E101 (1/07)

6. Name and Address of Current Registered Agent FORMAN, ROBERT S ESQUIRE ROBERT S. FORMAN, P.A. 2101 WEST COMMERCIAL BLVD., SUITE 2800 FORT LAUDERDALE, FL 33309	7. Name and Address of New Registered Agent Name Robert S. Forman, Esquire Street Address (P.O. Box Number is Not Acceptable) Forman & Altino, P.A. 2101 W Commercial Blvd., Suite 2800 City Fort Lauderdale FL Zip Code 33309
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE 4/1/08

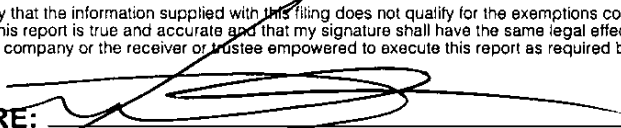
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$277.50	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LOPICCOLO, ALISON 2101 W COMMERCIAL BLVD STE 2800 FORT LAUDERDALE, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	100122635121 <input type="checkbox"/> Change <input type="checkbox"/> Addition 04/09/08--01004--006 **277.50
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REINSTATEMENT 07-08


11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  DATE 4/1/08 561-391-1751

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Alison Lopiccio, Managing Member