

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 DEC 23 PM 12:31

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000088622

1. Limited Liability Company's Name

1 DIANA ROAD, LLC

300139132463
12/18/08--01026--002 **277.50

CR2E041 (10/08)

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

1 DIANA ROAD

Suite, Apt. #, etc.

City & State

KEY LARGO, FL

Zip

33037

Country

US

3. Mailing Office Address

7301 SW 57 COURT

Suite, Apt. #, etc.

400

City & State

MIAMI, FL

Zip

33143

Country

US

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

9/8/2005

6. FEI Number
203433426

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

SAMUEL A. PERSAUD, ESQ.

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

31 OCEAN REEF DRIVE

Suite, Apt. #, Etc.

SUITE C202

City

KEY LARGO

State

FL

Zip Code

33037

☒ 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

[Signature]

Date

12/17/08

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	ROBERT J. SHELLEY, IV	7301 SW 57 COURT, #400	MIAMI, FL 33143

REINSTATEMENT 2007-08

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

[Signature]

Date

12/11/09

Daytime Phone #

305-667-1208

Typed or printed name of signing Managing Member/Manager

Robert Shelley