

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 FEB 27 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000088790

1. Limited Liability Company's Name

WHITEHOUSE INVESTMENTS LLC

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

3400 CORAL WAY

Suite, Apt. #, etc.

600

City & State

MIAMI

Zip

33145

Country

Miami-Dade

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

09/10/2005

6. FEI Number
20-3432728

☐ 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

JAVIER BANOS, ESQ

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

3400 CORAL WAY

Suite, Apt. #, Etc.

601

City

MIAMI

State

FL

Zip Code

33145

☒ 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.

\$277.50

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

2/13/08

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	MARIA V BLANCO	3400 CORAL WAY SUITE 600	MIAMI, FL, 33145
			500118139095 02/15/08--01031--004 **277.50
			500118139095 03/06/08 01019 007 **136.75
			REINSTATEMENT 06-08

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

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

MGRM

2/13/08

305 579 5581