

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05 0000 96033

1. Limited Liability Company's Name

Allapattah Real Estate, L.C.

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

4960 SW 72 AVE.

Suite, Apt. #, etc.

308

City & State

Miami, FL

Zip

33155

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

9/16/05

6. FEI Number

20-8964027

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

OFELIA ALVAREZ

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

4960 SW 72 AVE

Suite, Apt. #, Etc.

308

City

Miami

State

FL

Zip Code

33155

☒ 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]
REGISTERED AGENT MUST SIGN

Date

9/22/08.

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
<u>Pres.</u>	<u>JOSE J. Armas, M.D.</u>	<u>225 ARVIA PKWY.</u>	<u>C. Gable FL</u>

REINSTATEMENT 2007/2008

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

9/22/08

Daytime Phone #

(305) 661-1161

Typed or printed name of signing Managing Member/Manager

JOSE J. Armas