

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 MAY -2 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000103460

1. Limited Liability Company's Name
540 PROPERTY, LLC

REINSTATEMENT

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #
1001 Brickell Bay Drive

3. Mailing Office Address
1001 Brickell Bay Drive

Suite, Apt. #, etc.
Suite 2406

Suite, Apt. #, etc.
Suite 2406

City & State
Miami, Florida

City & State
Miami

Zip Country
33131 U.S.A

Zip Country
33131 U.S.A

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida 10/20/2005

6. FEI Number
203664896

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
NRAI Services, Inc.
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
Suite, Apt. #, Etc.

City State Zip Code
Plantation FL 33324

E-mail Address:

300247542903
05/03/13--01001--006 **377.50

paulo.miranda@psmcorporate.com

(To be used for future annual report notices)

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 Michele Holden
Michele Holden,
Assistant Secretary

Date 05/02/2013

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	Marques Varela, Antonio	c/o 1001 Brickell Bay Drive, Suite 2406	Miami, FL 33131

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 I indicate on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information omitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager Paulo Miranda Date 05/02/13 Daytime Phone # 305 456-3752

Typed or printed name of signing Managing Member/Manager