L05000105829

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 OCT 31 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E041 (1/07)

DOCUMENT # L05000105829

1. Limited Liability Company's Name

MERCY DRIVE DEVELOPMENT, LLC

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2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
14395 SW 139th Court		14395 SW 139th Court	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 101		Suite #101	
City & State		City & State	
Miami, Florida		Miami, Florida	
Zip	Country	Zip	Country
33186	USA	33186	USA

4. State/Country of Formation: Florida - USA

5. Date Organized or Qualified To Do Business in Florida:

6. FEI Number: NONE ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ $5.00 Additional Fee Applies for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Robert Wayne, Esquire

Street Address (P.O. Box Number Is Not Acceptable): 1225 S.W. 87th Avenue

Suite, Apt. #, Etc.:

City: Miami, State: FL Zip Code: 33174

☐ 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 _____ Date 10/29/2007

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
Manager	Victor F. Seijas, Jr.	14395 SW 139th Court Suite #101	Miami, Florida 33186

REINSTATEMENT 2006-2007

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 10/29/07 Daytime Phone # (305) 378-0123

Typed or printed name of signing Managing Member/Manager Victor F. Seijas, Jr. Manager