

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 JAN -4 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000107336

1. Limited Liability Company's Name

CAMPBELL PLAZA, LLC

600189329826
01/04/11--01017--021 **1238.75

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 901 Ponce de Leon Blvd.		3. Mailing Office Address 901 Ponce de Leon Blvd.	
Suite, Apt. #, etc. Suite 603		Suite, Apt. #, etc. Suite 603	
City & State Coral Gables, Florida		City & State Coral Gables, Florida	
Zip 33134	Country US	Zip 33134	Country US

4. State/Country of Formation Florida, US	
5. Date Organized or Qualified To Do Business in Florida 11/03/2005	
6. FEI Number 203733969	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name William H. Albornoz			
Street Address (P.O. Box Number is Not Acceptable) 901 Ponce de Leon Blvd.			
Suite, Apt. #, Etc. Suite 603			
City Coral Gables		State FL	Zip Code 33134

REINSTATEMENT 2010-2011

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 William H. Albornoz Date 12/29/2010
REGISTERED AGENT MUST SIGN William H. Albornoz Registered Agent

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	Luis Henao	901 Ponce de Leon Blvd., Ste. 603	Coral Gables, Florida 33134

11. E-mail Address: _____ (To be used for future annual report notifications)

12. 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 Luis Henao Date 12-29-10 Daytime Phone # 305-444-1741
Typed or printed name of signing Managing Member/Manager Luis Henao

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