2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000115791

1. Entity Name
1414 BAY HARBOUR DEVELOPMENT GROUP, LLC

FILED
2009 MAY 12 AM 11: 18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05012009 REIN-LLC CR2E101 (1/07)

Principal Place of Business	Mailing Address
C/O 1390 BRICKELL AVE. SUITE 200 MIAMI, FL 33131	C/O 1390 BRICKELL AVE. SUITE 200 MIAMI, FL 33131

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2666 BRICKELL AVE	2666 BRICKELL AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33129 Country USA	Zip 33129 Country USA

4. FEI Number 20-3902004 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALVARO CASTILLO B., P.A. 1390 BRICKELL AVE SUITE 200 MIAMI, FL 33131	Name HUGO HEINZ Street Address (P.O. Box Number is Not Acceptable) 2666 BRICKELL AVE City MIAMI FL Zip Code 33129

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE X 5/1/09
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to: Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ☐ Delete DEFORTUNA, WALTER C/O 1390 BRICKELL AVE. SUITE 200 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ☐ Change ☐ Addition DEFORTUNA, WALTER 2666 BRICKELL AVE. MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 000155763410 05/11/09--01033--015 **277.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT 08 09
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition CL 5-13-09

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE: X 5/1/09 305-856-2600
SIGNATURE AND/OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #