

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUL 29 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000118805

1. Limited Liability Company's Name

Islander I, LLC

CR2E041 (05/10)

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

200 So. Biscayne Blvd.

3. Mailing Office Address

200 So. Biscayne Blvd.

Suite, Apt. #, etc.

Suite 1770

Suite, Apt. #, etc.

Suite 1770

City & State

Miami, FL

City & State

Miami, FL

Zip

33131

Country

U.S.

Zip

33131

Country

U.S.

4. State/Country of Formation

Florida/U.S.

5. Date Organized or Qualified

To Do Business in Florida

12/13/2005

6. FEI Number

20-3936500

☐ 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

David M. Turner

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

200 So. Biscayne Blvd.

Suite, Apt. #, Etc.

Suite 1770

City

Miami

State

FL

Zip Code

33131

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

7/26/10

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
MGRM	David M. Turner	200 So. Biscayne Blvd., Suite 1770	Miami, FL 33131
MGRM	JohnCunningham	200 So. Biscayne Blvd., 49th Floor	Miami, FL 33131

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

Date

7/26/10

Phone # 305-377-0707

Typed or printed name of signing Managing Member/Manager

N. Cunningham JUL 30 2010