

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

04-30-2007 90056 047 *****65.00

FILED L05000121644

SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUL 25 PM 3: 57

DOCUMENT # L05000121644

1. Entity Name
SENATOR VILLAS HOLDINGS, LLC



Principal Place of Business
7483 SW 24TH STREET, SUITE 209
MIAMI, FL 33155

Mailing Address
7483 SW 24TH STREET, SUITE 209
MIAMI, FL 33155

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04262007 REIN-LLC CR2E101 (1/07)

4. FEI Number **26-0332408** Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BIERMAN, MITCHELL
2665 SOUTH BAYSHORE DRIVE, SUITE 420
MIAMI, FL 33133

7. Name and Address of New Registered Agent

Name **Bierman, Mitchell**
Street Address (P.O. Box Number is Not Acceptable)
2525 Ponce de Leon Blvd.
Suite 700
City **Miami** FL **33134**

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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

04/27/2007
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$100.00

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

TITLE
NAME MGRM
STREET ADDRESS MDHA DEVELOPMENT CORPORATION
CITY- ST- ZIP 7483 SW 24TH STREET, SUITE 209
MIAMI, FL 33155 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition
300106816973
07/27/07--01027--010 **300.00

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition
300106816973
07/27/07--01027--010 **35.00

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

04/27/2007 3052673624
Date

REINSTATEMENT

2006-2007