PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 APR -1 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

DOCUMENT # L05000122047

1. Limited Liability Company's Name

ENID ESTATES LLC

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2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
328 CRANDON BLVD.	328 CRANDON BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
STE. 226	STE. 226
City & State	City & State
KEY BISCAYNE FL	KEY BISCAYNE FL
Zip / Country	Zip / Country
33149 / USA	33149 / USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 12/21/2005

6. FEI Number: ☑ 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: LIZABETH F. CALVO, P.A.

Street Address (P.O. Box Number is Not Acceptable): 328 CRANDON BLVD.

Suite, Apt. #, Etc.: STE. 226

City: KEY BISCAYNE | State: FL | Zip Code: 33149

☑ 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: A Howard by A Howard as atty in fact Date: 3/31/08

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
MGR	CAVALCANTI, ROBERTO	335 WEST ENID DR.	KEY BISCAYNE FL 33149
			700122037287 04/03/08--01008--011 **138.75
			700121779067 04/01/08--01010--007 **277.50
	REINSTATEMENT 2006-2008		

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: A Howard Date: 3/31/08 Daytime Phone #: 561 694 8107

Typed or printed name of signing Managing Member/Manager: by A Howard as atty in fact