

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
 09 JAN 13 PM 12:31
 SECRETARY OF STATE
 TALENTEC SECRETARIES

CR2E041 (10/08)

DOCUMENT # 606 000021174

1. Limited Liability Company's Name

Bellagio 102, LLC

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

1741 Alton Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

1741 Alton Rd.

Suite, Apt. #, etc.

City & State

Miami Beach FL

City & State

Miami Beach, FL

Zip

33139

Country

MIAMI-DADE

Zip

33139

Country

MIAMI-DADE

4. State/Country of Formation

FLORIDA / US A

5. Date Organized or Qualified To Do Business in Florida

2/27/2006

6. FEI Number

76 0819 346

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

Daniel Ettedgui

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

1741 Alton Rd

Suite, Apt #, Etc

City

Miami Beach

State

FL

Zip Code

33139

nationality

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 1/8/09

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
MR.	Daniel Ettedgui	1741 Alton Rd Miami Beach, FL 33139	Miami Beach, FL 33139
MS.	Beny Bery	1741 Alton Rd.	Miami Beach, FL 33139
	S. HAWKES		200140389522 01/12/09 01075 019 **516.25
	JAN - 4 2009		
	EXAMINER		STATEMENT 2007-08

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

[Signature]

Date 1/8/09

Daytime Phone # 305-987-7379

Typed or printed name of signing Managing Member/Manager

Daniel Ettedgui