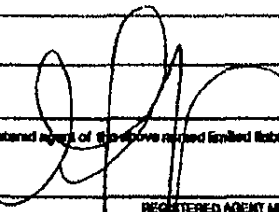
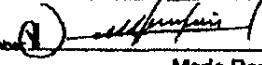


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L06000025168 1. Limited Liability Company's Name Carbonell 3706 LLC.			
2. Principal Office Address - No P.O. Box # 901 Brickell Key Blvd. Suite, Apt. #, etc. 3706 City & State Miami, Florida Zip 33131		3. Mailing Office Address Suite, Apt. #, etc. City & State Zip Country	
4. State/Country of Formation Florida, United States		5. Date Organized or Qualified To Do Business in Florida 03/08/2008	
6. FEI Number 98-0487329		Applied For ☐ Yes ☒ Not Applicable	
7. CERTIFICATE OF STATUS DESIRED ☐			
8. Name and Address of Current Registered Agent Name Gerardo A. Vazquez, PA Street Address (P.O. Box Number is Not Acceptable) Suite, 200 S. Biscayne Blvd. Apt. #, Etc. 4310 City Miami			
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S. Signature of Registered Agent  Date March 10, 2016 REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Authorized Representatives/Managers			
Titles	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager	City / State / Zip
mgr	Mario Rozenstein	901 Brickell Key Blvd # 3706	Miami FL 33131
Mgrm	Brittany Properties Inc	901 Brickell Key Blvd # 3706	Miami FL 33131
REINSTATEMENT			
MAR 21 2016			
R. HUNT			
11. E-mail Address: la@gvazquez.com			
12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.			
Signature of authorized representative/member 		Date March 10, 2016 Daytime Phone # (3) 371-8064	
Typed or printed name of signing authorized representative/member Mario Rozenstein			

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