PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

FILED
16 MAR 21 AM 10: 35
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.

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
901 Brickell Key Blvd.	
Suite, Apt. #, etc. 3706	Suite, Apt. #, etc.
City & State Miami, Florida	City & State
Zip / Country 33131 / United States	Zip / Country

4. State/Country of Formation
Florida, United States

5. Date Organized or Qualified To Do Business In Florida
03/08/2006

6. FEI Number
98-0487329
☐ Applied For
☐ 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. #, Ste.
4310

City / State / Zip Code
Miami / FL / 33131

800283626085
03/22/16--01002--009 **783.75

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 (M) _____ Date March 10, 2016

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Title	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
(To be used for future annual report notifications)

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 (M) _____ Date March 10, 2016 Daytime Phone # (3)371-8064

Typed or printed name of signing authorized representative/member Mario Rozenstein