

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000036513

Entity Name: SKYRISE PLAZA, LLC

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

1835 WEST FLAGLER STREET, SUITE 201
MIAMI, FL 33135

New Principal Place of Business:

1428 BRIKELL AVE
206
MIAMI, FL 33135

Current Mailing Address:

1835 WEST FLAGLER STREET, SUITE 201
MIAMI, FL 33135

New Mailing Address:

1428 BRIKELL AVE
206
MIAMI, FL 33135

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MARX, JAMES ESQ.
848 BRICKELL AVE., SUITE 750
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

FIGUEROA, JUAN CPA
1428 BRIKELL AVE
206
MIAMI, FL 33131 US

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.

SIGNATURE: JUAN

05/01/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MEMUN, ABRAHAM
Address: 1835 WEST FLAGLER STREET, SUITE 201
City-St-Zip: MIAMI, FL 33135

Title: MGRM () Delete
Name: MEMUN, JOSE
Address: 1835 WEST FLAGLER STREET, SUITE 201
City-St-Zip: MIAMI, FL 33135

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: AMZ

MGR

05/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date