

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR -1 AM 11:28

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000036957

1. Limited Liability Company's Name

ADRIAN REAL ESTATE INVESTMENTS, LLC

300119855433
04/07/08--01035--002 **38.75

CR2E041 (12/07)

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

2333 Ponce De Leon Blvd.

Suite, Apt. #, etc.

Suite 302

City & State

Coral Gables, Florida

Zip

33134

Country

USA

3. Mailing Office Address

2333 Ponce De Leon Blvd.

Suite, Apt. #, etc.

Suite 302

City & State

Coral Gables, Florida 4

Zip

33134

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

04/07/2006

6. FEI Number

20-4739664

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

Ana Rojas

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

1985 NW 88th Court

Suite, Apt. #, Etc.

Suite 201

City

Miami

State

FL

Zip Code

33172

☒ 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

2/22/08

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	Pedro J. Adrian	4000 Ponce De Leon Blvd. Suite 770	Coral Gables, Florida 33146

300119855433
03/11/08--01004--004 **238.75

REINSTATEMENT
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

Daytime Phone #

Typed or printed name of signing Managing Member/Manager