


Audit No. H15000050356 3

PLEASE READ ALL INSTRUCTIONS BEFORE

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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**DOCUMENT # L06000039027**  
 1. Limited Liability Company's Name  
**FLA 2850 PROPERTY, LLC**

CR2E041 (1/14)

<b>2. Principal Office Address - No P.O. Box #</b> 520 NW 185TH STREET ROAD Suite, Apt. #, etc. <b>SUITE 102</b> City & State <b>MIAMI, FL</b> Zip                      Country <b>33169                      U.S.A.</b>		<b>3. Mailing Office Address</b> 520 NW 185TH STREET ROAD Suite, Apt. #, etc. <b>SUITE 102</b> City & State <b>MIAMI, FL</b> Zip                      Country <b>33169                      U.S.A.</b>	
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<b>4. State/Country of Formation</b> FLORIDA	
<b>5. Date Organized or Qualified To Do Business in Florida</b> 04/13/2006	
<b>6. FEI Number</b> 20-4773156	Applied For <input type="checkbox"/> Not Applicable
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

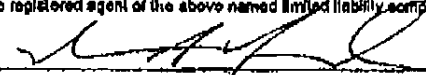
**8. Name and Address of Current Registered Agent**

Name  
**NORMAN S. FRIEDMAN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**520 NW 185TH STREET ROAD**  
 Suite, Apt. #, Etc.  
**SUITE 102**  
 City                      State                      Zip Code  
**MIAMI                      FL                      33169**

REINSTATEMENT

2011-2015

**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.**

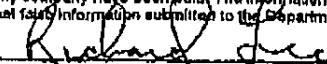
Signature of Registered Agent:       Date: 2-25-15  
 REGISTERED AGENT MUST SIGN

**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	RICHARD LEE	620 NW 185TH STREET ROAD, SUITE 102	MIAMI, FL 33169
MGR	NATALIO FERNANDEZ	520 NW 185TH STREET ROAD, SUITE 102	MIAMI, FL 33169
MGR	FREDERICK ALDERS	520 NW 185TH STREET ROAD, SUITE 102	MIAMI, FL 33169

**11. E-mail Address:** norman@friedmanpcpe.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 requirements of section 605.0013, 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 to the Department of State constitutes a third degree felony as provided in s. 817.158, F.S.**

Signature of Authorized Representative/Manager:       Date: 2-23-15      Daytime Phone #: 305-940-1744  
 Typed or printed name of signing Authorized Representative/Manager: **MANAGER - Richard Lee**

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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Email Address: norman@friedmancpa.com

LIMITED LIABILITY REINSTATEMENT  
FLA 2850 PROPERTY, LLC

Certificate of Status	0
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Page Count	01
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