2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
08 MAR 24 AM 8:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200121102822

DOCUMENT # L06000039222

1. Entity Name
ALTOS DEL MAR (7701 COLLINS AVE) LLC

Principal Place of Business	Mailing Address
~~1521 ALTON RD.~~ ~~#508~~ ~~MIAMI BEACH, FL 33139 US~~	~~1521 ALTON RD.~~ ~~#508~~ ~~MIAMI BEACH FL 33139 US~~ 07
2. Principal Place of Business - No P.O. Box # 7701 COLLINS AVE Suite, Apt. #, etc.	3. Mailing Address 7701 COLLINS AVE Suite, Apt. #, etc.
City & State MIAMI BEACH, FL	City & State MIAMI BEACH, FL
Zip 33141 Country USA	Zip 33141 Country USA

02272008 REIN-LLC CR2E101 (1/07)

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Amanda Roath Amanda Roath As its agent 3.24.08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required for person reinstating) DATE

FILE NOW!!! FEE IS $377.50

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ALICEA, LOREYNE 1521 ALTON RD., #508 MIAMI BEACH, FL 33139	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR DR. MARLENE SAILE 7701 COLLINS AVE. MIAMI BEACH, FL 33141	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2007-2008	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINS	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EINSTAT	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Marlene Saile Esq., Manager March 20, 2008 786/343-8518
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CSC
CORPORATION SERVICE COMPANY

L06000039222

FILED
08 MAR 24 AM 8:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 498474 7530389

AUTHORIZATION : Lynn Coleman

COST LIMIT : $ 377.50

ORDER DATE : March 24, 2008

ORDER TIME : 1:13 PM

ORDER NO. : 498474-005

CUSTOMER NO: 7530389

DOMESTIC FILINGS

RECEIVED
08 MAR 24 PM 2:42
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

NAME: ALTOS DEL MAR (7701 COLLINS AVE) LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Roath - Ext# 2955

EXAMINER'S INITIALS