

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 JUL 23 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000047927

1. Limited Liability Company's Name

VILLAGE 8104 LLC

CR2E041 (05/10)

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

20900 NE 30th AVE

3. Mailing Office Address

20900 NE 30th AVE

Suite, Apt. #, etc.

200

Suite, Apt. #, etc.

200

City & State

AVENTURA, FL

City & State

AVENTURA, FL

Zip

33180

Country

USA

Zip

33180

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FE# Number

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

JOEL BARY

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

20900 NE 30 TH AVE

Suite, Apt. #, Etc.

200

City

AVENTURA

State

FL

Zip Code

33180

300183568473
07/19/10--01046--005 **\$55.00

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

REGISTERED AGENT MUST SIGN

Date 07/14/10

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
MGRM	BRENETTE INVESTMENTS, LLC	20900 NE 30th AVE #200	AVENTURA, FL, 33180
MGR	PONS, DAVID	20900 NE 30th AVE #200	AVENTURA, FL, 33180
MGR	BARY, JOEL	20900 NE 30th AVE #200	AVENTURA, FL, 33180

REINSTATEMENT 07-10-AL

11. E-mail Address accounting@latinmedios.com

(To be used for future annual report notifications)

12. 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

Date 07/14/10

Daytime Phone # 305-7490900

Typed or printed name of signing Managing Member/Manager JOEL BARY