

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000066010

1. Entity Name  
87 CORAL REEF, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 OCT 30 PM 2:52

Principal Place of Business  
2222 PONCE DE LEON BLVD.  
PENTHOUSE  
CORAL GABLES, FL 33134

Mailing Address  
2222 PONCE DE LEON BLVD.  
PENTHOUSE  
CORAL GABLES, FL 33134

2. Principal Place of Business - No P.O. Box #  
15223 S.W. 87 Avenue

3. Mailing Address  
15223 S.W. 87 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10052007 REIN-LLC CR2E101 (1/07)



City & State  
Miami, Florida

City & State  
Miami, Florida

4. FEI Number

Applied For  
Not Applicable

Zip  
33157

Country  
USA

Zip  
33157

Country  
USA

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

RODON-ALVAREZ, MARY LOU  
2222 PONCE DE LEON BLVD.  
PENTHOUSE  
CORAL GABLES, FL 33134

Name

Mary Lou Rodon, Esq.

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

2222 Ponce de Leon Blvd., Penthouse

Coral Gables

City

Coral Gables

FL

Zip Code  
33134

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

Mary Lou Rodon, Esq.

10-9-07

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**After January 1, 2008, Fee will be \$100.00**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
RODON-ALVAREZ, MARY LOU  
2222 PONCE DE LEON BLVD., PH  
CORAL GABLES, FL 33134 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
Maritsa Cristina Lopez  
15223 S.W. 87 Avenue  
Miami, FL 33157 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
800112029448  
11/06/07--01013--012 \*\*\$5.00 ☐ Change ☐ Addition

TITLE  
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☐ Delete

TITLE  
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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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:

Maritsa Cristina Lopez

10-9-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**REINSTATEMENT 2007**