PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
08 MAY -5 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000087817

1. Limited Liability Company's Name

AMAR DIVINE PROPERTIES, LLC

07

CR2E041 (12/87)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
10305 NW 41st Street	10305 NW 41st Street
Suite, Apt. #, etc. Suite 126	Suite, Apt. #, etc. Suite 126
City & State Miami, FL	City & State Miami, FL
Zip 33178 Country USA	Zip 33178 Country USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business In Florida: 09/06/2006

6. FEI Number: ☑ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $30.00 additional fee required for certified copy of Status

8. Name and Address of Current Registered Agent

Name: HAGNER, MARK M

Street Address (P.O. Box Number is Not Acceptable): ONE S.E. 3RD AVENUE, THERREL BAISDEN, P.A.

Suite, Apt. #, Etc.: SUITE 2950

City: Miami State: FL Zip Code: 33131

☑ 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: _____ Date: 05/02/2008

REGISTERED AGENT MUST SIGN

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	Aurelia M. De Rojas	10305 NW 41st Street, Suite 126	Miami, FL 33178

REINSTATEMENT 2007-2008

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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 reflected 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: Aurelia M. De Rojas Date: 05/02/2008 Daytime Phone # 561-694-8107

Typed or printed name of signing Managing Member/Manager: Aurelia M. De Rojas