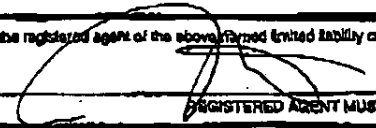
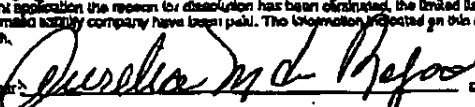


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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			
2. Principal Office Address - No P.O. Box # 10305 NW 41st Street Suite, Apt. #, etc. Suite 126 City & State Miami, FL Zip 33178		3. Mailing Office Address 10305 NW 41st Street Suite, Apt. #, etc. Suite 126 City & State Miami, FL Zip 33178	
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 ☐	
8. Name and Address of Current Registered Agent Name HASNER, 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			
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S. Signature of Registered Agent  Date 05/02/2008 REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Aurelia M. De Rojas	10905 NW 41st Street, Suite 126	Miami, FL 33178
11. I certify that I am managing member/manager of the receiver or trustee empowered to execute this application as provided for in chapter 606, 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  Date 05/02/2008 Daytime Phone # 561-684-8107			
Typed or printed name of signing Managing Member/Manager Aurelia M. De Rojas			

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

CR2ED41 (12/07)

 REINSTATEMENT 2007-2008
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