PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 OCT 29 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000112874

1. Limited Liability Company's Name

UNIT 801 6917 COLLINS, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
6917 Collins Avenue		6917 Collins Avenue	
State, Apt. #, etc.		State, Apt. #, etc.	
Unit 801		Unit 801	
City & State		City & State	
Miami Beach, Florida		Miami Beach, Florida	
Zip	Country	Zip	Country
33141	USA	33141	USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 11/21/2006

6. FEI 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: CorpDirect Agents, Inc.

Street Address (P.O. Box Number is Not Acceptable): 515 East Park Avenue

State, Apt. #, Etc.

City: Tallahassee | State: FL | Zip Code: 32301

☐ 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: [signature] REGISTERED AGENT MUST SIGN — Date: 10/29/07

10. Name and Street Address of Managing Members/Managers

Title	Name of Managing Members/ Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Susanna Avesani	6917 Collins Avenue, Unit 801	Miami Beach, Florida 33141

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 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: [signature] Date: 10/29/2007 Daytime Phone #:

Typed or printed name of signing Managing Member/Manager: Susanna Avesani, Managing Member

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REINSTATEMENT 07

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