FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

09 DEC -2 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

800162080378
10/23/09--01040--010 **377.50

DOCUMENT # L07000033590

1. Limited Liability Company's Name

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PH 4770 BISCAYNE, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
4770 BISCAYNE BLVD		4770 BISCAYNE BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
PENTHOUSE A		PENTHOUSE A	
City & State		City & State	
MIAMI, FLORIDA		MIAMI, FLORIDA	
Zip	Country	Zip	Country
33137	USA	33137	USA

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business In Florida: MARCH 28, 2007

6. FEI Number: 20-8828480 ☐ 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: WILLIAM B. MILLIKEN, ESQ.

Street Address (P.O. Box Number is Not Acceptable): 2121 PONCE DE LEON BLVD

Suite, Apt. #, Etc.: SUITE 730

City	State	Zip Code
MIAMI	FL	33134

☐ 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] Date: 11/23/2009

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
Mgrm	Mr. Niels-Erik Lund/ Managing Officer	4770 Biscayne Blvd., Penthouse A	Miami, Florida 33134

REINSTATEMENT 2008-2009

mp 10/4/09

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: 11/23/2009 Daytime Phone #: 305-573-6355

Typed or printed name of signing Managing Member/Manager: Mr. Niels-Erik Lund