

**L07000034825**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : AGI REGISTERED AGENTS, INC.  
Account Number : I20000000205  
Phone : (305) 416-6800  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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**LIMITED LIABILITY REINSTATEMENT  
UNIT 1008 COMMODORE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$516.25

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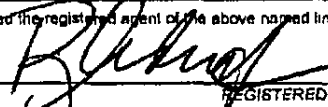
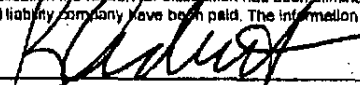
**EXAMINER**

H100001718903

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # L07000034825</b> 1. Limited Liability Company's Name  <h2 style="text-align: center;">Unit 1008 Commodore, LLC</h2>			
2. Principal Office Address - No P.O. Box # 1000 Brickell Avenue Suite, Apt. #, etc. 300 City & State Miami, Florida Zip Country 33131 US		3. Mailing Office Address 1000 Brickell Avenue Suite, Apt. #, etc. 300 City & State Miami, Florida Zip Country 33131 US	
4. State/Country of Formation Florida, U.S.A.		5. Date Organized or Qualified To Do Business in Florida April 2, 2007	
6. FEI Number 20-8817593		Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent Name AGI Registered Agents, Inc. Street Address (P.O. Box Number is Not Acceptable) 1000 Brickell Avenue Suite, Apt. #, Etc. Suite 300 City State Zip Code Miami FL 33131			
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: 7/29/2010 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	Humberto Rodriguez	1000 Brickell Avenue, Suite 300	Miami, Florida 33131
Mgr	Mariana Lloreda	1000 Brickell Avenue, Suite 300	Miami, Florida 33131
11. E-mail Address: <u>chiemendez@agilaw.com</u> (To be used for future annual report notifications)			
12. 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:  Date: 7/29/2010 Daytime Phone #: 305-416-6800 Typed or printed name of signing Managing Member/Manager: Robert R. Adams, as Authorized Signatory for Humberto Rodriguez			

REINSTATEMENT 2008-2010

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