## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 14 APR 28 PM 3: 48	
DOCUMENT# L07000048480  1. Limited Liability Company's Name		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
MASTIC POINT, LLC			
		CR2E041 (1/11)	
2. Principal Office Address - No P.O. Box # 601 BRICKELL KOY DR.		4. State/Country of Formation	
Suite, Apt. #, etc. SUITE 702	Suite 702	Date Organized or Qualified     To Do Business in Florids	
city & siale Mianti, Fiorciba	City & State Hiemi , FL	6. FE Number Applied For Not Applicable	
33131 Country U.S.A	33131 Country USA	7. CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent Name		E-mail Address:	
GERARDO A. VAZQUEZ		400259544274	
Street Address (P.O. Box Number is Not Acceptable)  601 BRICICELL KEN DRIVE		04/28/1401005018 **516.25	
Suite, Apt. #, Etc. Suite 702		106 (114 20.15 - 101)	
MIAMI, FLORIZ	State Zip Code	(To be used for future annual report notices)	
9. 1, being appointed the registered agent of the above named limited flability opmpany, am familiar with and accept the obligations of Chapter 608, F.S.			
Signature of Registered Agent			
10. Names and Street Addresses of Managing Members/Managers			
Titles Name of Managing Members/ Managers	Street Address of Each Managing Member/ Manag		
MORY CARLOS, GOREHT	EIN 601 Brickell Suite 702	Key mire Miami FC 33131	
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Company of the Control of the Contro	tra years at ear		
APR 2 8 2014			
L. SELLERS	REINS	STATEMENT 7012-	
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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 indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted lima document of State constitutes a third degree felony as provided for in \$.817.155, F.S.			
Signature of Managing Signature of Manager Signatur			
Typed or printed name of signing Managing Member/Manager			