

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
Fax Number : (305) 416-6811

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LIMITED LIABILITY REINSTATEMENT
MIAMI ALL SEASONS PH3C, LLC

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

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APR 18 2011



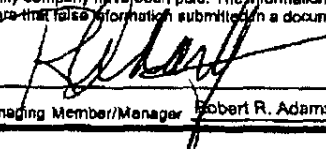
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H11000099897 3

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LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 2011 APR 15 AM 10:40 SECRETARY OF STATE TALLAHASSEE, FLORIDA CR2E041 (1/11)	
DOCUMENT # L07000057780 1. Limited Liability Company's Name <div style="font-size: 1.2em; font-weight: bold; padding: 5px;">Miami All Seasons PH3C, LLC</div>					
2. Principal Office Address - No P.O. Box # 1425 Brickell Avenue Suite, Apt. #, etc. Unit 57D City & State Miami, FL Zip 33131		3. Mailing Office Address 1000 Brickell Avenue Suite, Apt. #, etc. Suite 500 City & State Miami, FL Zip 33131		4. State/Country of Formation Florida 5. Date Organized or Qualified To Do Business in Florida 5/31/2007 6. FEI Number 26-1895152 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 Miami State FL Zip Code 33131				E-mail Address: dhernandez@agilaw.com (To be used for future annual report notices)	
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 808, F.S. Signature of Registered Agent  Date 4/15/11 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	Jeffrey Chen	1425 Brickell Avenue, Unit 57D	Miami, Florida 33131		
MGRM	Corey Chen	40 Mercer Street, Unit 5	Miami, Florida 10013		
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 808, 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 608.408, 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 in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Signature of Managing Member/Manager  Date 4/15/2011 Daytime Phone # 3054166800 Typed or printed name of signing Managing Member/Manager Robert R. Adams, Authorized Signatory					

H11000099897 3