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PLEASE READ	ALL INSTRUCTIONS BEFORE	
LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State Division of corporations	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 09 MAY - 1 AM 10: 51
DOCUMENT # 20700 1. Limited Liability Company's Name Part-folio Proportios1.		
2. Principal Office Address - No P.O. Box #	3. Mailing Office Address	CR2E041 (10/08)
	-	4. State/Country of Formation
1121 Madriga Ave Suite, Apt. #, etc.	Suite, Apt. #, etc.	Florida
# 401	#TVI	 Date Organized or Qualified To Do Business in Florida
City & State	# イン / City & State	6/20/2007
Cord Gasles FL	Coral Gables FL	6. FEL Number 265 44 4765 Not Applied For Not Applicable
Zip Country	Zip Country	7. S500 Additional Fee required
3314C US	33146 US	7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent		
Name <u>Tom Husfow</u> JR Street Address (P.O. Box Number is Not Acceptable) <u>1121</u> <u>Med Niger</u> <u>Avn</u> Suite, Apt. H. Etc. <u>#</u> 401 City <u>Cornel</u> <u>Gesles</u> 1 <u>State</u> <u>Zip Code</u> <u>FL</u> <u>33146</u>		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 a Signature of Registered Agent	above named limited liability company, am familiar with an RESISTERED AGENT MUST SIGN	nd accept the obligations of Chapter 608, F.S. Date イリックステン タ
10. Names and Street Addresses of Managing M		
Titles Name of Managing Members! Man	agers Street Address of Ea Managing Member/Ma	
Pres. Tom Hustow In	1121 Madruge A	in #441 Coral Gables FL 33146
REINSTATEMENT	2008-20191	100151449251
filing this reinstatoment application the reason all fees owed by the limited liability company h as if made under oath. Signature of Managing Member/Manager	for dissolution has been eliminated, the limited liability co have been paid. The information indicated on this application of the paid of	oplication as provided for in chapter 608, F.S. I further certify that when mpany name satisfies the requirements of section 608 406, F.S., and that on is true and accurate, and my signature shall have the same legal effect
Typed or printed name of signing Managing Member/Manager Tom Hurton In		

T. Hampton MAY - 4 2009



RECEIVED

09 MAY -1 PM 4:00

FLORIDA DEPARTMENT OF STATE Division of Corporations SECRETARY OF STATE TALLAHASSEE, FLORIDA

April 22, 2009

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PORTFOLIO PROPERTIES1, LLC 1121 MADRUGA AVE # 401 CORAL GABLES, FL 33146

SUBJECT: PORTFOLIO PROPERTIES1, LLC Ref. Number: L07000064914

We have received your document for PORTFOLIO PROPERTIES1, LLC and your check(s) totaling \$277.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the name, title, and business address of each managing member or manager.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Regulatory Specialist II Registration/Qualification Section

Letter Number: 909A00013531