

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 APR 26 AM 10:05

DOCUMENT # L070000103797

1. Limited Liability Company's Name

LORA AT PORTOFINO, L.L.C.

500177636785
04/26/10--01005--005 **138.75

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 888 BRICKELL KEY DR. Suite, Apt. #, etc SUITE 2012 City & State MIAMI, FL Zip 33131 Country DAVE		3. Mailing Office Address 888 BRICKELL KEY DR. Suite, Apt. #, etc SUITE 2012 City & State MIAMI, FL Zip 33131 Country DAVE	
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4. State/Country of Formation FLORIDA / DAVE	
5. Date Organized or Qualified To Do Business in Florida 10-12-2007	
6. FEI Number 26-1231811	Applied For 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 LUISA M. LOPEZ-LUCIANO	
Street Address (P.O. Box Number is Not Acceptable) 888 BRICKELL KEY DR	
Suite, Apt. #, Etc 2012	
City MIAMI	State FL Zip Code 33131

☒ 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 Luisa Lopez-Luciano
REGISTERED AGENT MUST SIGN

Date 04-23-10

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	LUISA M. LOPEZ-LUCIANO	888 BRICKELL KEY DR MIAMI	MIAMI, FL 33131

11. E-mail Address: TERLYNCO-BELLSOUTH.NET

(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 Luisa Lopez-Luciano Date 04-23-10 Daytime Phone # 305-245-8787

Typed or printed name of signing Managing Member/Manager