

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L 07000116901

1. Limited Liability Company's Name

Tradewind Farms of Homestead, LLC

2. Principal Office Address - No P.O. Box #

7472 ERWIN RD

Suite, Apt. #, etc.

City & State

Coral Gables FL

Zip

33143

Country

USA

3. Mailing Office Address

7472 ERWIN RD

Suite, Apt. #, etc.

City & State

CORAL Gables FL

Zip

33143

Country

USA

FILED

2009 NOV -3 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10/29/09--01026--008 **477.50

CR2E041 (10/08)

4. State/Country of Formation

FLORIDA

USA

**5. Date Organized or Qualified
To Do Business in Florida**

11/20/07

6. FEI Number

NONE

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Patrick Grattan

Street Address (P.O. Box Number is Not Acceptable)

7472 ERWIN RD

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33143

☐ 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

Patrick Grattan

REGISTERED AGENT MUST SIGN

Date 10/25/09

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
<u>MBRM</u>	<u>Patrick Grattan</u>	<u>7472 ERWIN RD</u>	<u>Coral Gables FL 33143</u>
		<u>Coral Gables FL</u>	<u>305-302-4631</u>
		<u>33143</u>	

REINSTATEMENT

08-09

08-11-4-09

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.

Signature of
Managing Member/Manager

Patrick Grattan

Date 10/25/09

Daytime Phone # 305 512 4631

Typed or printed name of signing Managing Member/Manager Patrick Grattan