2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000116910 1, Exity Name NICE HOMES NICE AREAS LLC						0.0	FILE[)	
Principal Plac 1650 NE 13 NORTH MIAM	5TH STREET	, STE. 503	Mailing Address 1650 NE 135TH STREET, STE. 503 NORTH MIAMI, FL 33181			SE TAL	8 NOV 17 AM ECRETARY OF S LLAHASSEE, FL	1 8: 3 7 STATE ORIDA	
2. Principal P	lace of Busir	ness - No P.O. Box #	3. Mailing Address						
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			10282008	REIN-LLC	CR2E101 (1/07)	
City & State	9		City & State			4. FEI Numb	ier 41-226- 025		plied For t Applicable
Zip Country			Zip	Coun	try		of Status Desired	55.00 Add Fee Required	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name				
COLLAZO, 1650 NE 1: NORTH M	35TH STE	REET, STE. 503	Street Address		ss (P.O. Box Numb	per is Not Acceptable)	·		
			Cit		City			FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered applicable. (NOTE: Registered Agent algusture required when reinstating) DATE									
FILE NOW!!! FEE IS \$138.75 In accordance with s. 60 After January 1, 2009, Fee will be \$277.50 liability company did not					93(2)(b), F.S. eive the prior	F.S., the limited Make check payable to prior notice. Florida Department of State		,	
9.		MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS/C	HANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·					1 C 11/03	0 013757 /08010570	Change 4881 106 **139 00	☐ Addition
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NAME STREET ADDRESS CITY-ST-ZIP	а				E ET ADDRESS - ST-ZIP			☐ Change	Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: SIGNATURE: Date Desiring Phone of									



FLORIDA DEPARTMENT OF STATE Division of Corporations

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 5, 2008

NICE HOMES NICE AREAS LLC 1650 NE 135TH STREET, STE. 503 NORTH MIAMI, FL 33181

SUBJECT: NICE HOMES NICE AREAS LLC

Ref. Number: L07000116910

We have received your document for NICE HOMES NICE AREAS LLC and your check(s) totaling \$139.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return 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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 508A00056242