PLEALERED	71	UU	stelde	IN THIS FOR
PLEASE REND	ALL INC	RUCHON	SBELOR	THIS FOR

PLEASE REM ALL INCRUCIONS BELOR	OMPLETIME THIS FORM.		
COMPANY REINSTATEMENT COMPANY COMPANY	SECRETARY OF STATE SIVISION OF CORPORATIONS 09 DEC -8 PM 1: 36		
DOCUMENT # L07000 116 965 1. Limited Liability Company's Name Islands of Doral 6108, LLC.	700163425977 12/08/0901004023 **1110.00		
2. Principal Office Address - No PO, Box# 2665 5- BONShure drive 2665 5. BONShure Dr. Suite, Apt. #, etc. City & State COCONNH CHUNC FL Zip Country Zip Country 33133 USA 3. Mailing Office Address 2665 5. BONShure Dr. Suite, Apt. #, etc. COCONNH GOVE Dr. Suite, Apt. #, etc. Suite, Apt. #	4. State/Country of Formation Florida USA 5. Date Organized or Qualified To Do Business in Florida 1 20 2007 6. FEI Number Applied For 26 144 6520 Not Applicable 7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status		
8. Name and Address of Current Registered Agent Name JORALL. GURTAN Street Address (P.O. Box Number is Not Acceptable) 2005 South BayShore Dr. Suite Apt. #, Etc. QOO City COCONUT Grove FL 33133	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 egistered agent of the above named limited liability company, am familiar with and a Signature of Registered Agent REGISTERED AGENT MUST SIGN	ccept the obligations of Chapter 608, F.S. Date 12/7/09		
10. Names and Street Addresses of Managing Members/Managers Titles Name of Street Address of Each Managing Members/Managers Managing Members/Managers Address of Each Managing Members/Managers MGRY Gaetano Salvad P. Provenzano Adagna	· • • • • • • • • • • • • • • • • • • •		
REINSTATEMENT	2008-2009		

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 filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 508, 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

Date

Managing Member/Manager Date 14 1109 Daytime Phone # 3000

Typed or printed name of signing Managing Member/Manager Exchano Sulvad P. Provenzano Ardagna

LU7000116465

December 7, 2009

Division of Corporations State of Florida Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: ISLANDS OF DORAL 6108 LLC. (L07000116965)

To Whom It May Concern:

Enclosed please find the Corporate Reinstatement Report for ISLANDS OF DORAL 6108 LLC. The annual Uniform Business Report had not been filed previously because the principal officer/director had never received the renewal package during calendar year 2008 or 2009. Upon becoming informed of the need to file a Uniform Business Report, he of course was willing to comply with same and as such we provide the enclosed in conjunction with payment for the year, 2008 & 2009.

We therefore respectfully request that you accept this filing as timely and classify the corporation as active and in accordance with the rules and regulations of the State of Florida. In addition, we have taken measures to ensure that this issue does not occur in subsequent years by correcting the address for the company and the registered agent information.

Thank you very much for your anticipated understanding and cooperation in this matter.

Very truly yours,

JORGE L. GURIAN

GAETANO SALVAD P. PROVENZANO ARDAGNA

Enclosure

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