

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED STATE
 SECRETARY OF CORPORATIONS
 DIVISION OF CORPORATIONS
 11 SEP 30 AM 10:29

DOCUMENT # L07000128084

1. Limited Liability Company's Name

MIAMI 101, LLC

BK

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 1400 Riverside Avenue		3. Mailing Office Address 1400 Riverside Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32202	Country	Zip 32202	Country

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 05-25-1995	
6. FEI Number 65-0587561	Applied For <input type="checkbox"/> 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 JOSE ALVAREZ			
Street Address (P.O. Box Number is Not Acceptable) 1400 Riverside Avenue			
Suite, Apt. #, Etc.			
City Jacksonville	State FL	Zip Code 32202	

E-mail Address:
300212825273
10/03/11--01004--019 **743.75

(To be used for future annual report notices)

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 *Jose Alvarez* Date _____
REGISTERED AGENT MUST SIGN

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
MGRM	Timothy Greene	1400 Riverside Avenue	Jacksonville, FL 32202
REINSTATEMENT 2009-2011			

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager *Timothy Greene* Date _____ Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager _____