L08000101167

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000222728 3)))

H10000222728ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. *RE-SUBMIT*

Please retain original filing date of submission 10/4

To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FILED
2010 OCT 4 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT
JUNIPER MANAGEMENT(500 BRICKELL), LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	~~$238.75~~

125.00

RECEIVED
10 OCT 11 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
OCT 12 2010
EXAMINER

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2010 OCT 4 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (05/10)

DOCUMENT # L08000010167

1. Limited Liability Company's Name

JUNIPER MANAGEMENT(500 BRICKELL), LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1221 BRICKELL AVE.		1221 BRICKELL AVE.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
MIAMI FL			
Zip	Country	Zip	Country
33131	USA	33131	USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 01/29/2008

6. FEI Number: ☐ 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: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Rd

Suite, Apt. #, Etc.

City	State	Zip Code
Plantation	FL	33324

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: Madonna Cuddihy Special Assistant Secretary 10/7/2010

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	FERNANDEZ, ENRIQUE L	1221 BRICKELL AVE.	MIAMI FL 33131
MGR	LUPORI, MARIA B	1221 BRICKELL AVE.	MIAMI FL 33131

REINSTATEMENT -10

11. E-mail Address: palmisanod@gtlaw.com
(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: /s/ Enrique Fernandez Date: 10/7/2010 Daytime Phone #:

Typed or printed name of signing Managing Member/Manager: Enrique Fernandez

C.L.