L08000064365

Florida Department of State
Division of Corporations
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To:

Division of Corporations
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From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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LIMITED LIABILITY REINSTATEMENT
JUNIPER (2308 BRICKELL WEST), LLC.

Certificate of Status	0
Certified Copy	0
Page Count	04
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$ 125.00

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TALLAHASSEE, FLORIDA

October 8, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: JUNIPER (2308 BRICKELL WEST), LLC.
REF: L08000064365

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please accept our apology for failing to mention this in our previous letter.

The electronic filing cover sheet submitted with your document reflects the incorrect type of document. The cover sheet must reflect the type of document you are filing. Please generate a new fax audit cover sheet under the appropriate document type. When resubmitting your document for filing, please also send a copy of the incorrect cover sheet marked "ABANDONED".

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Neysa Culligan
Regulatory Specialist II

FAX Aud. #: H10000217871
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RE-SUBMIT
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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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: Plantation | State: FL | Zip Code: 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 Date: 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

11. E-mail Address: palmisano@etlaw.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