

L08000103906

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 DEC -1 PM 1:32

LIMITED LIABILITY COMPANY REINSTATEMENT



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # L08000103906
 1. Limited Liability Company's Name
 500 Brickell 3502, LLC
 [REDACTED]

300214778203
 12/01/11--01012--014 **238.75

2. Principal Office Address - No P.O. Box #
 4539 NW 98 Ave.
 Suite, Apt. #, etc.

3. Mailing Office Address
 [REDACTED]

City & State
 MIAMI FL

Zip 33178 Country USA

4. State/Country of Formation
 FLORIDA

5. Date Organized or Qualified To Do Business in Florida
 11/06/2008

6. FEI Number
 98-0600781 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
 Gerardo A. Vazquez

Street Address (P.O. Box Number is Not Acceptable)
 601 Brickell Key Drive

Suite, Apt. #, Etc.
 102

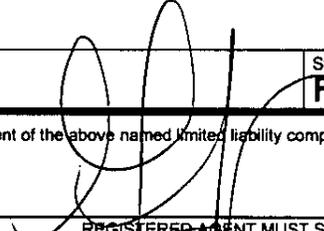
City
 Miami

State
 FL

Zip Code
 33131

E-mail Address:
 LA@gvazquez.com
 (To be used for future annual report notices)

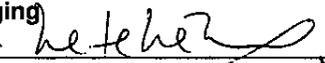
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent  **REGISTERED AGENT MUST SIGN** Date 11/22/2011

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
MEM	Natalie Mary Balbuena	4539 NW 98 ave	Miami FL 33178
MEM	Guillermo H Mery	4539 NW 98 ave	Miami FL 33178
MEM	Judith J Balbuena Constantini	4539 NW 98 ave	Miami FL 33178
MEM	Michel Mery Balbuena	4539 NW 98 ave	Miami FL 33178
MEM	Gerard Mery Balbuena	4539 NW 98 ave	Miami FL 33178

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  Date 11/22/11 Daytime Phone # 305-905-9101

Typed or printed name of signing Managing Member/Manager Natalie Mary Balbuena