


L08000103906

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

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

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

DOCUMENT # L08000103906

1. Limited Liability Company's Name

500 Brickell 3502, LLC.

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

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 4539 NW 98 Ave.		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI FL		City & State B/K	
Zip 33178	Country USA	Zip	Country

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 11/06/2008	
6. EIN Number 98-0600781	Applied For 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
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