

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2013 OCT 25 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L08000103906

1. Limited Liability Company's Name

500 Brickell 3502 LLC

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, Florida

City & State

Zip

33178

Country

US

Zip

Country

4. State/Country of Formation

Florida / United States

5. Date Organized or Qualified
To Do Business in Florida

11/06/2008

6. FEI Number

98-06000781

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 PA

Street Address (P.O. Box Number is Not Acceptable)

601 Brickell Key Dr.

Suite, Apt. #, Etc.

702

City

Miami

State

FL

Zip Code

33131

E-mail Address:

200253227752
10/25/13--01003--014 **238.75

LA@guazavez.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

(X)

REGISTERED AGENT MUST SIGN

Date

10/18/13

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. Menz	4539 NW 98 ave	Miami FL 33178
MEM	Judith J. Balbuena Constancia	4539 NW 98 ave	Miami FL 33178
			S. HAWKES
			OCT 25 2013
			EXAMINED

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

[Signature]

Date

10/18/13

Daytime Phone #

305.371.8064

Typed or printed name of signing Managing Member/Manager