L09000041391 2of2

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.

(((H11000304136 3)))

H11000304136 3ABCT

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

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

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

Email Address: _____

RECEIVED
11 DEC 29 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT
EWE LOAN NO. 3 OWNER, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$238.75

Electronic Filing Menu Corporate Filing Menu Help

1062

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2011 DEC 29 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L09000041391

1. Limited Liability Company's Name

EWE LOAN NO. 3 OWNER, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
10165 NW 19TH STREET	10165 NW 19TH STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33172 Country: USA	Zip: 33172 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 04/29/2009

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: EASTON, EDWARD W

Street Address (P.O. Box Number is Not Acceptable): 10165 NW 19 STREET

Suite, Apt. #, Etc.

City: MIAMI State: FL Zip Code: 33172

E-mail Address:

acouto@theeastongroup.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: Edward W. Easton, Registered Agent by: Kristine Roy, as Attorney-in-Fact Date: 12/29/2011

REGISTERED AGENT MUST SIGN

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
MGRM	EWE LOAN NO.3 GP, LLC	10165 NW 19TH STREET	MIAMI FL 33172

REINSTATEMENT

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 608.408, 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: 12/29/2011 Daytime Phone #: (561) 694-8107

Typed or printed name of signing Managing Member/Manager: EWE LOAN NO.3 GP, LLC, Managing Member by: Kristine Roy, as Attorney-in-Fact