

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

16 MAR -4 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L09000087397

1. Limited Liability Company's Name
3050 Aventura Owner, LLC

2. Principal Office Address - No P.O. Box #
546 Fifth Avenue

Suite, Apt. #, etc.
C/O Safra National Bank of New York

City & State
New York, NY

Zip Country
10036 USA

3. Mailing Office Address
546 Fifth Avenue

Suite, Apt. #, etc.
C/O Safra National Bank of New York

City & State
New York, NY

Zip Country
10036 USA

CR2ED1 (1/14)

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida 9/10/09

6. FEI Number
27-1017548

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
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable) Suite,
1201 Hays Street

Apt. #, Etc.

City
Tallahassee

State Zip Code
FL 32301

300282959023

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent Janet Budhu, Asst. Vice President

Date 3/3/16

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
mcm	Carlos Bertaco	C/O SNBNY 546 Fifth Avenue	New York, NY 10036
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="font-size: 2em; font-weight: bold;">REINSTATEMENT</div> <div style="text-align: right;"> MAR 04 2016 R. HUNT </div> </div>			

11. E-mail Address Carlos.Bertaco@safra.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member

Date 3/3/16

Daytime Phone #

Typed or printed name of signing authorized representative/member Carlos Bertaco

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 043962 4301938
AUTHORIZATION : *[Signature]*
COST LIMIT : \$660.00

ORDER DATE : March 3, 2016

ORDER TIME : 5:33 PM

ORDER NO. : 043962-005

CUSTOMER NO: 4301938

DOMESTIC FILINGS

NAME: 3050 AVENTURA OWNER, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
 PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - Ext# 62956

EXAMINER'S INITIALS

MAR 04 2016

R. HUNT

SECRETARY OF FILING

16 MAR -4 PM 12:29

RECEIVED