PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 SEP 30 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name
L12000008365
UNIT 506-C BAL HARBOUR CENTER, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
9703 COLLINS AVENUE	14 NE 1ST AVENUE
Suite, Apt. #, etc.: UNIT 506-C	Suite, Apt. #, etc.: 2ND FLOOR
City & State: BAL HARBOUR, FL	City & State: Miami, FL
Zip: 33154 Country: USA	Zip: 33132 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 01/18/2012

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: THOMAS SHERMAN, P.A.
Street Address (P.O. Box Number is Not Acceptable): 90 ALMERIA AVE
Suite, Apt. #, Etc.:
City: CORAL GABLES State: FL Zip Code: 33134

800264831828
09/30/14--01026--014 **100.00

800264831828
09/30/14--01026--013 **138.75

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 _____ Date 9/17/14
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
MGR	PAULO VIEIRA	14 NE 1ST AVENUE, 2ND FLOOR	Miami, FL 33132

REINSTATEMENT

11. E-mail Address: RPM@BENCHMARKRG.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 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 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager _____ Date _____ Daytime Phone # _____

Typed or printed name of signing Authorized Representative/Manager PAULO VIEIRA

SEP 30 2014
M. WILLIAMS