FILED

Fax Audit No. H19000042299 3
2019 FEB -5 PM 3:19

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L15000078046

1. Limited Liability Company's Name
OCEAN COMMODORE III LLC

2. Principal Office Address	3. Mailing Office Address
690 HAMPTON LANE	690 HAMPTON LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: KEY BISCAYNE, FL	City & State: KEY BISCAYNE, FL
Zip: 33149 Country: USA	Zip: 33149 Country: USA

4. State/Country of Formation: FLORIDA
6. Date Organized or Qualified to Do Business in Florida: 05/04/2015
5. FEI Number: 47-3017400 ☐ Applied For ☐ Not Applicable
7. Certificate of Status Desired ☐

8. Name and Address of Current Registered Agent
Name: B & C CORPORATE SERVICES, INC.
Street Address (P.O. Box Number is Not Acceptable), Suite, Apt. #, Etc.: 2 SOUTH BISCAYNE BOULEVARD, 21st FLOOR
City: MIAMI State: FL Zip Code: 33131

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

Signature of Registered Agent: [signature] Date: 2/5/19

REGISTERED AGENT MUST SIGN

10. Name and Street Address of Authorized Representatives/Managers

Title	Name of Authorized Representative/Managers	Street address of Each Authorized Representative/Member	City / State / Zip
MGR	XAVIER MARCOS	5201 BLUE LAGOON DR., SUITE 900	MIAMI, FL 33126
	REINSTATEMENT		FEB 05 2019
			R. HUNT

11. E-mail Address: pilar.salcedo@nelsonmullins.com

(Notice of the Annual Report to be sent electronically)

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 cleared, the limited liability company name satisfies the requirement of section 605.0112, 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: [signature] Date: 01-24-19 Daytime Phone #: ......

Typed or printed name of signing authorized representative/member: Xavier Marcos

Florida Department of State

Division of Corporations

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LIMITED LIABILITY REINSTATEMENT
OCEAN COMMODORE III LLC

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R. HUNT

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