CAPITAL CONNECTION 850 222 1222 11/05 '98 16:57 NO.828 03/03

L94000000695

APPLICATION FOR REINSTATEMENT FOR LIMITED LIABILITY COMPANY

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 NOV -6 AM 10:15

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT #** L94000000695

Emerald Lakes, L.C.
3750 West 16th Avenue
Suite 126-U
Hialeah, Fl. 33012

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

1a. Principal Place of Business Address

3750 West. 16th Avenue
Suite 126-U
Hialeah, Fl. 33012

2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

3. Date Organized or Qualified: 12/20/94
3a. State of Formation: Florida
4. FEI Number: 65-0543184 ☐ Applied For ☐ Not Applicable
5. Date of Last Report: 3/3/97
6. Certificate of Status Desired: $8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent
Leslie G. Smith 815 N. Red Road Suite 400 Miami, FL 33126	Name: Albert J. Xiques Street Address (P.O. Box Number is Not Acceptable): 1000 Brickell Avenue Suite, Apt. #, etc.: Suite 660 City: Miami FL Zip Code: 33131

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 _____ (REGISTERED AGENT MUST SIGN) Date: 11/5/98

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
MGM	Emerald Lakes Investment Corp.	3750 West 16th Avenue Suite 126-U	Hialeah, Fl. 33012
Manager	Gonzalo R. Lage, Sr.	3750 West 16th Avenue Suite 126-U	Hialeah, Fl. 33012

400002683244--0
-11/09/98--01085--001
****188.75 ****188.75

400002683244--0
-11/09/98--01085--002
****250.00 ****250.00

REINSTATEMENT 1998

400002683244--0
-11/09/98--01085--003
****250.00 ****250.00

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.

Signature of Managing Member/Manager _____ Date 11/5/98 Daytime Phone # 305-823-7055

Typed or printed name of signing Managing Member/Manager Gonzalo R. Lage, Sr.

CR2EO41 12/95