PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
01 JAN 26 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L95000000307

REINSTATEMENT 1995-2001

1. Limited Liability Company's Name
Emerald Lakes Commercial Center L.C.

2. Principal Office Address	3. Mailing Office Address
7525 N.W 8th Street	7525 N.W. 8th Street
Suite, Apt. #, etc. #202	Suite, Apt. #, etc. #202
City & State Miami, Florida	City & State Miami, Florida
Zip 33126 Country US	Zip 33126 Country US

4. State/Country of Formation FLORIDA US.

5. Date Organized or Qualified To Do Business In Florida 04/20/1995

6. FEI Number 593-326 275 ☐ 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: GUSTAVO D. LAGE

500003603025--7
-01/30/01--01138--008
****250.00 ****250.00

Street Address (P.O. Box Number Is Not Acceptable): 6361 Sunset Drive

Suite, Apt. #, Etc.:

City: South Miami, Florida State: FL Zip Code: 33143

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: [signature] REGISTERED AGENT MUST SIGN Date 1/25/01

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
MGR	MARINA AMIEVA	7525 N.W. 8th Street	Miami, Florida 33126
Mgr.	FRANK URAGA	7525 N.W 8th Street	Miami, Florida 33126

FAU-01

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 608.406, 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: [signature] Date 1/25/01 Daytime Phone #

Typed or printed name of signing Managing Member/Manager