PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 FEB -4 AM 9:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

400027312284
02/16/04--01010--006 **50.00

DOCUMENT # L95000000307

1. Limited Liability Company's Name
EMERALD LAKES COMMERCIAL CENTER, L.C.

2. Principal Office Address
6500 N.W. 72 AVE

Suite, Apt. #, etc.
—

City & State
MIAMI, FL.

Zip 33166 Country U.S.A

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

City & State

Zip Country

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida APRIL 1995

6. FEI Number 65-0597227 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

8. Name and Address of Current Registered Agent

Name FRANK URAGA

Street Address (P.O. Box Number is Not Acceptable) 6500 N.W. 72ND AVE

Suite, Apt. #, Etc. —

City MIAMI State FL Zip Code 33166

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 Frank Uraga Date 1/12/04
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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 A. AMIEVA	3149 STOWE ST #101	ORLANDO, FL 32835
MGR	FRANK URAGA	6500 N.W. 72 ND AVE	MIAMI, FL 33166
			400027312284
	REINSTATEMENT 2003-2004		01/21/04 - 01010-030
			$150.00

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 Frank Uraga Date 1/12/04 Daytime Phone # 305-477-1727

Typed or printed name of signing Managing Member/Manager FRANK URAGA