

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



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

FILED

99 NOV 12 AM 10:22

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L9500000359

1. Limited Liability Company's Name

PARK VIEW TOWERS, L.C.
Suite 500
9200 S. Dadeland Blvd.
Miami, FL 33156

2. Principal Office Address

9200 South Dadeland Blvd

Suite, Apt. #, etc.

Suite 500

City & State

Miami, FL

Zip

33156

Country

USA

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

5-11-95

6. FEI Number

65-0580867

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

Robert Spielman

Street Address (P.O. Box Number is Not Acceptable)

9200 South Dadeland Blvd Suite 500

Suite, Apt. #, Etc.

Suite 500

City

Miami, FL

State
FL

Zip Code
33156

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

Date 11/10/99

REGISTERED AGENT MUST SIGN

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
MM	Equity CAPITAL FUND-I, L.L.C.	9200 South Dadeland Blvd Suite 500	Miami FL 33156

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. Equity Capital Fund-I, L.L.C. By: EquityLine Financial Group, Inc., its Managing Member

Signature of
Managing Member/Manager

Date

11/10/99

Daytime Phone #

305-670-9200

Typed or printed name of signing Managing Member/Manager

Robert Spielman

President

(2)



ACCOUNT NO. : 072100000032

REFERENCE : 479764 81686A

AUTHORIZATION :

COST LIMIT : \$ 158.75

Patricia Pizito

ORDER DATE : November 12, 1999

ORDER TIME : 11:21 AM

ORDER NO. : 479764-005

CUSTOMER NO: 81686A

CUSTOMER: Edgar Lewis, Esq
Keith Mack, LLP
20th Floor
200 South Biscayne Boulevard
Miami, FL 33131

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: PARK VIEW TOWERS, L.C.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS _____

RECEIVED
99 NOV 12 PM 12:12
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA