CAPITAL CONNECTION 850 222 [illegible] 01/12 '00 11:38 NO.408 03/04

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L95000000372

LIMITED LIABILITY COMPANY REINSTATEMENT

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

FILED
00 JAN 13 PM 12:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L95000000372

REINSTATEMENT 1999-2000

1. Limited Liability Company's Name
The Polo Club Estates, Limited Company

2. Principal Office Address	3. Mailing Office Address
346 N.W. 118th Avenue	346 N.W. 118th Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Springs, Florida	City & State: Coral Springs, Florida
Zip: 33071 Country: Broward	Zip: 33071 Country: Broward

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida: May 16, 1995

6. FEI Number: 65-0603482 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: Sergio Brok

Street Address (P.O. Box Number is Not Acceptable): 346 N.W. 118th Avenue

Suite, Apt. #, Etc.:

City: Coral Springs State: FL Zip Code: 33071

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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 January 10th, 2000

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
Manager/ Member	Sergio Brok	346 N.W. 118th Avenue	Coral Springs, FL 33071
Manager/ Member	Maria Dolores Brok	346 N.W. 118th Avenue	Coral Springs, FL 33071

JB 1-13-00

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 608.406, 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 _____ Date 1/10/2000 Daytime Phone # (954) 442-9181

Typed or printed name of signing Managing Member/Manager: Sergio Brok, Manager