L96000000301

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 SEP 25 AM 10:15

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1 Name and Mailing Address of Limited Liability Company **DOCUMENT # L96000000301**

HEAT STREET ASSOCIATES, L.C.
2333 PONCE DE LEON BOULEVARD
SUITE PH1100
CORAL GABLES, FL. 33134

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

2333 PONCE DE LEON BOULEVARD
SUITE PH1100
CORAL GABLES, FL. 33134

2 Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip | Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip | Country

3. Date Organized or Qualified: 3/13/96

3a. State of Formation: FL.

4. FEI Number

☐ Applied For
☒ Not Applicable

5. Date of Last Report: INITIAL

6. Certificate of Status Desired
$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

KENT A. WINDHORST
2333 PONCE DE LEON BOULEVARD
SUITE PH1100
CORAL GABLES, FL. 33134

8. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, etc.

City: FL | Zip Code

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 SIGNATURE) Date: 11/16/97

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
MGRM	KENT A. WINDHORST	2333 PONCE DE LEON BLVD.	CORAL GABLES, FL. 33134
MEM	DAVID R. WEAVER	2333 PONCE DE LEON BLVD.	CORAL GABLES, FL 33134
MEM	DOROTHY C. WEAVER	2333 PONCE DE LEON BLVD.	CORAL GABLES, FL. 33134

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REINSTATEMENT EFF 1, 1998

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: 11/16/97 Daytime Phone # (305) 443-8900

Typed or printed name of signing Managing Member/Manager: KENT A. WINDHORST