AUG.11.1999 1:17PM NO.234 P.2/3

LIMITED LIABILITY COMPANY

L97000000999

877.50

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

99 AUG 12 AM 10:50

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company

DOCUMENT # L97000000999

OLD CUTLER MEADOW LIMITED COMPANY

10/16/98

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

LIMITED LIABILITY COMPANY

1a. Name and Address of Registered Agent

2. Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
434 ROVINO AVE	2550 S. DIXIE HWY	9/8/1997	FLORIDA
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	☐ Applied For ☑ Not Applicable
City & State: CORAL GABLES, FL 33156	City & State: COCONUT GROVE, FL	5. Date of Last Report	6. Certificate of Status Desired ☐
Zip: 33156 Country: US	Zip: 33133 Country: US		

7. Name and Address of Current Registered Agent

CARLOS ARBOLEYA, JR. P.A.
2550 SOUTH DIXIE HIGHWAY
COCONUT GROVE, FLORIDA 33133
(305) 856-0076 (305) 856-9191 FAX

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 _____ Date 8/11/99

REGISTERED AGENT MUST SIGN

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
MGR	RAY NAVARRO	6450 SW 76 ST	SOUTH MIAMI, FL

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REINSTATEMENT 1998-1999

MC

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 8/11/99 Daytime Phone # 305-856-0076

Typed or printed name of signing Managing Member/Manager RAY NAVARRO

CR2E041 12/97