

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**

REINSTATEMENT



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

FILED

00 MAY 30 PM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L97000001202

1. Limited Liability Company's Name

CP MIAMI HOLDINGS, L.L.C.
3250 MARY STREET, 5th FLOOR
MIAMI, FL 33133

2. Principal Office Address
3250 Mary Street

3. Mailing Office Address
3250 Mary street

Suite, Apt. #, etc.
SUITE 500

Suite, Apt. #, etc.
SUITE 500

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33133

Zip
33133

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified
To Do Business in Florida 10/29/97

6. FEI Number
65-0791980

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
Arvin Peltz, Esq.
Street Address (P.O. Box Number is Not Acceptable)
3250 Mary Street, Suite 500
Suite, Apt. #, Etc.
SUITE 500
City
Miami

900003273649--9
-06/01/00--01060--008
****205.00 ****205.00

State
FL
Zip-Code
33133

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 Arvin Peltz

Date 5/2/00

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	ARISON, MICKEY	3655 N.W. 87TH AVENUE	MIAMI, FL 33178
MGR	FRANK, HOWARD	3655 N.W. 87TH avenue	MIAMI, FL 33178
MGR	LEFTON, DONALD	3250 MARY STREET, 5th FLOOR	MIAMI, FL 33133
MGR	WEISER, SHERWOOD	3250 MARY STREET, 5TH FLOOR	MIAMI, FL 33133

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 5/1/00 Daytime Phone # 305-445-4220

Typed or printed name of signing Managing Member/Manager

SHERWOOD M. WEISER MGR