PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
05 JUN 24 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L98000000416

1. Limited Liability Company's Name
CATALINA SQUARE LC

03

2. Principal Office Address		3. Mailing Office Address	
2423 Alhambra Circle		2423 Alhambra Circle	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Coral Gables, FL		City & State: Coral Gables, FL	
Zip: 33134	Country: US	Zip: 33134	Country: US

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 3/30/1998

6. FEI Number: 65-1009373 ☐ 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

200056513752

Name: John W. Hoover, Jr.

Street Address (P.O. Box Number is Not Acceptable): 2423 Alhambra Circle

Suite, Apt. #, Etc.:

City: Coral Gables | State: FL | Zip Code: 33134

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 5-23-05

REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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	John W. Hoover, Jr.	2423 Alhambra Circle	Coral Gables, FL 33134
MGR	Jack Amoroso	5180 Nesting Way	Delray Beach, FL 33484
MGR	James Amoroso	120 Sumner Avenue	Avalon, CA 90704
MGR	Melbourne Rappaport	2615 South University Dr	Davie, FL 33328
	REINSTATEMENT 2003-2005		

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 5-23-05 (305) Daytime Phone # 992-4726

Typed or printed name of signing Managing Member/Manager: John W. Hoover, Jr., MGR

CORPORATION SERVICE COMPANY

L98000000416

ACCOUNT NO. : 072100000032

REFERENCE : 448003 4331939

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 255.00

ORDER DATE : June 24, 2005

ORDER TIME : 12:14 PM

ORDER NO. : 448003-005

CUSTOMER NO: 4331939

CUSTOMER: Ms. Suzanne S. Killeen
Greenberg Traurig, P.a.
Suite 2000
401 E Las Olas Blvd
Ft Lauderdale, FL 33301

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05 JUN 24 PM 4:20
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TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: CATALINA SQUARE LC

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05 JUN 24 PM 1:24
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
XX _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - Ext# 2940

EXAMINER'S INITIALS _____