L98000000850

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

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

DOCUMENT # L98000000850

1. Limited Liability Company's Name
UNIVERSITY LAKE VILLAGES L.C.

REINSTATEMENT 1999-2000

2. Principal Office Address	3. Mailing Office Address
401 Miracle Mile	GJC, 201 S. Biscayne Blvd.
Suite, Apt. #, etc.: Suite 302	Suite, Apt. #, etc.: Suite 1600
City & State: Coral Gables, FL	City & State: Miami, FL
Zip: 33134 Country: U.S.A.	Zip: 33131 Country: U.S.A.

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 6/23/98

6. FEI Number: 65-0926229 ☐ 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

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****235.00 ****235.00

Name: ARISTIDES MARTINEZ

Street Address (P.O. Box Number is Not Acceptable): 401 Miracle Mile

Suite, Apt. # Etc.: Suite 302

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 X _____ Date 1/24/00

REGISTERED AGENT MUST SIGN

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
MGRM	Aristides Martinez	401 Miracle Mile, Suite 302	Coral Gables, FL 33134

1/25/00

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 taxes 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 X _____ Date 1/24/00 Daytime Phone # (305) 446-3234

Typed or printed name of signing Managing Member/Manager ARISTIDES MARTINEZ