

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 NOV 10 PM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000009518

1. Limited Liability Company's Name

REINSTATEMENT

SUPERIOR DEVELOPMENT, L.C.

2. Principal Office Address

3000 N.W. 109 AVE

Suite, Apt. #, etc.

STE 200

City & State

Miami, FL

Zip

33172

Country

U.S.A

3. Mailing Office Address

SOME

Suite, Apt. #, etc.

City & State

FL

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

State Address of Foreign Corporation
Foreign Corporation of State

8. Name and Address of Current Registered Agent

Name

GLORIA VARGAS-SERRANO

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

3000 N.W. 109 AVE

Suite, Apt. #, Etc.

STE 200

City

MIAMI

State

FL

Zip Code

33172

100003060831--8

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***150.00 ***150.00

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

Gloria Vargas-Serrano

REGISTERED AGENT MUST SIGN

Date 11-15-99

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
MEM	GLORIA VARGAS	3000 N.W. 109 AVE	Miami, FL 33172 STE 200

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

Gloria Vargas-Serrano

Date 11-15-99

Daytime Phone (305) 597-0021

Typed or printed name of signing Managing Member/Manager

GLORIA VARGAS