PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 SEP 26 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BR

300059961913

DOCUMENT # L99000000731

1. Limited Liability Company's Name

EDEN LAKES, L.C.

05

2. Principal Office Address	3. Mailing Office Address
8105 NW 155 St.	8105 NW 155 St.
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: MIAMI LAKES, FL.	City & State: MIAMI LAKES, FL.
Zip: 33016 Country: US	Zip: 33016 Country: US

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 2-1-99

6. FEI Number: 650029616 60 — 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: MARIO FERRO, JR.

Street Address (P.O. Box Number is Not Acceptable): 8105 NW 155 Street

Suite, Apt. #, Etc. —

City: MIAMI LAKES State: FL Zip Code: 33016

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 [signature] REGISTERED AGENT MUST SIGN Date: 9/23/05

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	MARIO FERRO JR	8105 NW 155 STREET	MIAMI LAKES, FL. 33016
	REINSTATEMENT 2005		
		MK	

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 608.408, 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: X [signature] Date: 9/23/05 Daytime Phone #: 305-822-0822

Typed or printed name of signing Managing Member/Manager: Mario Ferro.

CSC. L99000000731

CORPORATION SERVICE COMPANY

FILED
05 SEP 26 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 616253 7498051

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 150.00

ORDER DATE : September 26, 2005

ORDER TIME : 10:48 AM

ORDER NO. : 616253-005

CUSTOMER NO: 7498051

CUSTOMER: Ms. Jeannette Quintela
Contreras, Jonasz & Camacho,
Suite 400
400 Ponce De Leon Blvd.
Coral Gables, FL 33146

RECEIVED
05 SEP 26 PM 12:53
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: EDEN LAKES, L.C.

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Jeanine Reynolds - Ext# 2933

EXAMINER'S INITIALS _____