

(((H03000012505)))

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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03 JAN -3 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L99000000790

1. Limited Liability Company's Name

Oceania V Developers, LLC

2. Principal Office Address

16400 Collins Avenue

State, Apt. #, etc.

3. Mailing Office Address

16400 Collins Avenue

Suite, Apt. #, etc.

City & State

Miami Beach, FL

City & State

Miami Beach, FL

Zip

33160

Country

USA

Zip

33160

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

02/11/1999

6. FBI Number

650894576

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DERIVED ☐\$240 Application Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Ronald R. Fieldstone

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

201 Alhambra Circle

Suite, Apt. #, Etc.

Suite 601

City

Coral Gables

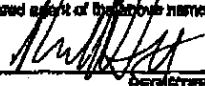
State

FL

Zip Code

33134

9. I, being appointed the registered agent of business named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Date 1/9/03

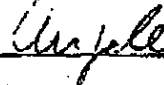
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Ingrid Angele	16420 Collins Avenue	Miami Beach, FL 33160
MGR	Manfred Schmarle	16420 Collins Avenue	Miami Beach, FL 33160

REINSTATEMENT 2002-2003

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 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

Date 1/9/03

Daytime Phone# 305-947-9594

Typed or printed name of signing Managing Member/Manager

Ingrid Angele

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TALLAHASSEE, FLORIDA

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : FIELDSTONE LESTER SHEAR & DENBERG
Account Number : I19990000180
Phone : (305) 357-5775
Fax Number : (305) 357-5534

LIMITED LIABILITY REINSTATEMENT

OCEANIA V DEVELOPERS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$200.00