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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

DOCUMENT # L99000000790

1. Limited Liability Company's Name
Oceania V Developers, LLC

2. Principal Office Address		3. Mailing Office Address	
16400 Collins Avenue		16400 Colling Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Miami Beach, FL		Miami Beach, FL	
Zip	Country	Zip	Country
33160	USA	33160	USA

4. State/Country of Formation: Florida
5. Date Organized or Qualified To Do Business in Florida: 02/11/1999
6. FEI Number: 650894576 ☐ Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional 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 the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: [signature] Date: 1/9/03
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
MGR	Ingrid Angele	16420 Collins Avenue	Miami Beach, FL 33160
MGR	Manfred Schmuerle	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 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: [signature] Date: 1/9/03 Daytime Phone # 305-947-9594

Typed or printed name of signing Managing Member/Manager: Ingrid Angele

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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